The experiences of learning facilitators in the Western Cape who work with children on the autism spectrum in mainstream schools

by

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DECLARATION

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ABSTRACT

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterised by deficits in social communication (present in multiple contexts) and restricted and repetitive behaviours, interests and activities. However, each individual's autism condition is unique, often presenting with co-occurring diagnoses like ADHD and anxiety disorders. Due to the characteristics mentioned above, children with ASD have barriers to learning. This makes it difficult for them to function independently in a mainstream classroom setting. Following an international move towards inclusive education, South Africa passed a bill in 2001, *The White Paper 6: Special Needs Education – Building an Inclusive and Training System (WP6).* The WP6 allows for the inclusion of all individuals in the mainstream education system and promotes quality education for all learners, including those with ASD. However, children with ASD require additional assistance (emotionally, academically and socially) in classrooms if they are to be successfully included in mainstream schools. The learning facilitator takes the role of assisting such learners. Learning facilitators provide specialised support for individuals with barriers to learning in mainstream schools and are essential to the inclusion process. Given the fact that learning facilitation is a relatively new field in South Africa, there is a paucity of literature on the topic. This qualitative study using semi-structured interviews answers the research question of how learning facilitators in the Western Cape experience working with children on the autism spectrum in mainstream schools. A total of 18 participants were interviewed, all of whom provided written informed consent. The participants were furthermore assured of their anonymity. The interviews were audio-recorded and transcribed verbatim, after which the interviews were analysed using a qualitative software programme. The thematic analysis extracted the experiences of the participants, and the emerging themes were subsequently augmented by the ecological

systems theory (EST) as laid out by Bronfenbrenner. Six themes and 19 subthemes were identified using thematic analysis. The findings revealed a lack of understanding of the learning facilitator's role and a need to clarify the facilitator's function in the mainstream school environment. Learning facilitators reported that training is inconsistent, leaving most facilitators feeling unprepared. Learning facilitators who did receive more consistent training and had open communication with key role players expressed having a more positive experience and feeling more supported. However, the majority reported feeling unsupported. The participants viewed working together and considering each child as unique as pivotal for successful inclusion. These findings provide evidence that learning facilitators support children with ASD in mainstream schools, each according to their needs. Future research could include the development of training programmes and support groups for learning facilitators. Additionally, it would be helpful for mainstream schools to consider the employment of learning facilitators for all classrooms, as this will assist those South African teachers in challenging environments.

OPSOMMING

Outismespektrumversteuring (OSV) is ’n neuro-ontwikkelingsversteuring wat geken word deur gebrekkige sosiale kommunikasie in verskillende kontekste, en ’n herhalende patroon van gedrag, belangstellings en aktiwiteite. Elke individu met OSV presenteer uniek, en die versteuring gaan dikwels gepaard met ander diagnoses, byvoorbeeld aandagafleibaarheid- en hiperaktiwiteitsversteuring (AAH) of angsversteuring (AV). Kinders met OSV ervaar struikelblokke ten opsigte van leer, en dit maak dit vir hulle moeilik om optimaal te funksioneer in ’n hoofstroom klaskamer. In navolging van ’n internasionale beweging na inklusiewe onderwys, het Suid-Afrika in 2001 ’n wet, *Witskrif 6: Ontwikkeling van ’n Inklusiewe Onderwys- en Opleidingstelsel (WS6)*, aanvaar om inklusiewe onderwys in Suid-Afrika te vestig. WS6 maak voorsiening vir die insluiting van alle individue in hoofstroomonderwys en vir die bevordering van kwaliteit onderrig vir alle leerders. Kinders met OSV het egter addisionele ondersteuning in die klaskamer nodig om suksesvol in ’n hoofstroomskool ingesluit te kan word. Leerfasiliteerders bied gespesialiseerde ondersteuning aan individue met hindernisse in hoofstroomskole en is ’n noodsaaklike deel van die insluitingsproses. Gegewe die feit dat leerfasilitering ’n nuwe veld in Suid-Afrika is, is daar beperkte literatuur oor die onderwerp beskikbaar. Gevolglik ondersoek hierdie kwalitatiewe studie met die gebruik van semigestruktureerde onderhoude die ervaringe van leerfasiliteerders wat met kinders met OSV in hoofstroomskole in die Weskaap werk. Die 18 deelnemers het geskrewe toestemming gegee en is verseker dat hulle bydrae anoniem sal bly. Klankopnames is van die onderhoude, waarna dit verbatim getranskribeer en geanaliseer met behulp van ’n kwalitatiewe sagtewareprogram. Die data is tematies ontleed om die deelnemers se ervaring na vore te bring en daarna deur die lens van sosiale konstruktivisme met die gebruik van die ekologiese stelselmodel (ESM) van Bronfenbrenner geïnterpreteer. Die data het ses temas en 19 subtemas opgelewer. Die bevindinge het uitgewys dat daar ’n

gebrek aan begrip van die rol van ’n fasiliteerder is en dat die funksie van die fasiliteerder in die klaskamer duidelik gemaak moet word. Leerfasiliteerders het verder uitgelig dat hulle gebrekkige opleiding ontvang het en daarom onvoorbereid voel vir hulle taak. Fasiliteerders wat wel goeie opleiding ontvang het en wat oop kommunikasie met al die rolspelers het, het genoem dat hulle voel hulle word ondersteun en dat hulle toegerus is vir die werk. Die meerderheid het egter gevoel dat die onderstruning onvoldoende is. Die deelnemers het aangedui dat hulle dit belangrik ag om as deel van ’n span te werk en om elke kind as ’n unieke geval te benader. Toekomstige navorsing kan bydra deur te kyk na die ontwikkeling van opleidingsprogramme en ondersteuningsgroepe vir fasiliteerders. Verder sal dit behulpsaam wees as skole oorweeg om fasiliteerders in elke klas aan te stel, aangesien dit Suid-Afrikaanse onderwysers wat in uitdagende omstandighede werk sal ondersteun.

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LIST OF TABLES

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ABBREVIATIONS

ADHD	Attention-deficit/hyperactivity disorder
ASD	Autism spectrum disorders
DAMP	Deficits in attention, motor control, and perception
DSM V	Diagnostic and Statistical Manual of Mental Disorders (Fifth edition)
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision
ESSENCE	Early symptomatic syndromes eliciting neurodevelopmental clinical examinations
EST	Ecological systems theory
ICD-10	International Classification of Diseases and Related Health Problems (10th revision).
OECD	The Organization for Economic Cooperation and Development
OT	Occupational therapy/therapist
TALIS	Teaching and Learning International Survey
ToM	Theory of mind
UK	United Kingdom
WHO	World Health Organization
WP6	White Paper six
TA	Teacher's assistant
SNA	Special needs assistant
LSA	Learning support assistant

GLOSSARY OF TERMS

Contextualising	Providing an explanation of the requirements or situation for a better understanding.
Disability	A physical or psychological impairment that makes it difficult to do certain activities and/or interact with the world around the person with the disability.
Diverse	Including a variety of abilities (both atypical and typical functioning individuals).
Equality	Equal enjoyment of rights and freedoms, particularly pertaining to inclusive education.
Impairment	A decline in the functioning of the physical body or psychological functioning.
Inclusion	Including all children in a regular classroom environment, regardless of the challenges they might face.
Mainstream	A school that includes learners with barriers to learning in a classroom with other children who do not have barriers to learning.
Meltdown	A long-lasting, emotional breakdown in a child with ASD, usually when over-stimulated or when experiencing a build-up of anxiety or other factors resulting in a large-scale tantrum.
Multidisciplinary	A team of individuals working together to provide support for individuals with neurodevelopmental disabilities. The team usually consists of a psychologist, a psychiatrist, an occupational therapist, and a speech therapist.
Nonsensical	A world apart from reality that does not make logical sense.
Philosophy	The theory or attitude underpinning a certain action or behaviour.

CHAPTER 1

Autism spectrum disorder (ASD) is diagnostically classified as a neurodevelopmental disorder that usually manifests by the age of three (Gillberg, 2010). Although the DMS-5 does not explicitly state that each instance of autism is unique, no child with ASD should be considered the same as any other child with ASD. ASD is characterised by deficits in social communication, restricted and repetitive behaviours, and/or unusual language development and use (American Psychiatric Association, 2013). The most recent statistics from the World Health Organization (WHO) estimate that one in every 160 children globally have ASD (WHO, 2017). The Centre for Disease Control and Prevention (CDC) estimates that one in every 59 children aged eight years are diagnosed with ASD, with the male to female ratio representing four to one respectively (Baio et al., 2014). At present, there are no prevalence data on ASD in South Africa (De Vries, 2016; Elsabbagh et al., 2012). Although comprehensive prevalence studies have not been conducted in Africa, the prevalence rate elsewhere has been found to be 1 – 2.6 % (Baird et al., 2006; Idring et al., 2012 & Kim et al., 2011). Despite the lack of prevalence data, there is a substantial number of children with barriers to learning (including ASD) who form part of the inclusive education system in South Africa (Donohue & Bornman, 2015; Kempthorne, 2017; Ladbrook, 2009).

In 1943, Kanner (1943) used the term *autism* to describe a child he observed who presented with repetitive behaviours and showed resistance to change. He used the term autism to describe individuals who had a total absence of language, a lack of social interest from infancy, a resistance to change and a desire for sameness (Kanner, 1943; Volkmar et al., 2012). Later, in 1944, Hans Asperger noticed that some children displayed the behaviour described by Kanner, but they could communicate quite freely (Asperger, 1991). The difference in the level of communication led to the development of the term Asperger's syndrome. Other than using language freely, children with Asperger's syndrome were

described as presenting with social challenges, resulting in difficulty maintaining relationships even when relationships were desired. Kanner and Asperger contributed greatly to the field of knowledge of ASD. In the process of moving from the former DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision) to the DSM-5, it became clear that the most significant difference between Asperger's syndrome and the other disorders not classified under ASD, was that there is no significant language impairment. Therefore, Asperger's syndrome is no longer a separate diagnosis, but rather forms part of the new ASD diagnosis (Verhoeff, 2013). In this study, therefore, it may be helpful to refer to prior research done on Asperger's syndrome to gain a better understanding of the characteristics of children with ASD in mainstream schools. However, in keeping with the new terminology, I refer to the children in this study as children with ASD.

Children with ASD form part of a larger group of individuals who have barriers to learning (DoE, 2010). During the apartheid era in South Africa (1948–1994), children with barriers to learning were required to attend school separately from their typically functioning peers (Muthukrishna & Schoeman, 2000). In 1994, South Africa not only journeyed from apartheid to democracy (Dreyer, 2008), but the Salamanca Statement and Framework for Action (SSFA) was released. Through the SSFA, the United Nations asserted the importance of inclusive education for children with barriers to learning (UNESCO, 1994). This world conference on special needs education and access to equality led to a global shift in inclusive education, placing children that have barriers to learning in mainstream schools (UNESCO, 1994). South Africa soon thereafter released the Department of Education White Paper 6 (WP6) on special needs education, changing mainstream education into an inclusive education system (De Jager & Condy, 2011).

While the release of the WP6 made inclusivity possible, it did not prepare the stakeholders for the transition process, which would require careful allocation of resources

and training. Children who have barriers to learning (like those with ASD) in mainstream classrooms, require additional educational assistance. For example, in a study by Ashburner, Ziviani and Rodger (2008), the authors demonstrated the difficulties children with ASD present in a classroom setting in Australia. The study showed that children with ASD respond differently to sensory stimulation compared to their typically functioning peers. The children with ASD were not as responsive, sought sensation, and used auditory filtering. When overwhelmed by sensory input, children with ASD could have difficulty focussing on and understanding verbal instruction, poor attention, difficulty focussing in a noisy environment, and hyperactive symptoms. Lomofsky and Lazarus (2001) further state that including children with barriers to learning in classrooms could become challenging for teachers. However, the additional support needed in classrooms for children with barriers to learning (including ASD) can be provided through learning facilitators.

In the available research, the term ‘learning facilitator’ is used interchangeably with ‘learning support assistants (LSA)’ ‘teaching assistants (TA),’ ‘special needs assistants (SNA),’ ‘teacher aide,’ ‘paraprofessional,’ and ‘paraeducators’(Giangreco & Doyle, 2007, p. 429). A learning facilitator refers to an individual who provides classroom-based support and aid to learners who present with neurodevelopmental problems, such as conditions on the autism spectrum. This study refers to these individuals as a learning facilitators or facilitators. Over the course of this research it became evident that the role of the learning facilitator encompasses vastly more than merely learning facilitation, or academic facilitation. Learning facilitators in this study provide personalised and specialised support for children living with ASD, giving them opportunities to better understand school demands and other aspects of their school environment. Typically, a learning facilitator is present throughout the school day and is responsible for various tasks. These tasks would differ according to the needs of the child to whom they are assigned. Learning facilitators provide the child they assist with

support, often in the form of comfort and relief (Roberts, 2007), understanding, reassurance, and confidence building (Bergstedt, 2015). Learning facilitators therefore work alongside a team of individuals to create a comprehensive inclusive environment.

Learning facilitators collaborate with teachers, parents, and other professionals to achieve the best outcome for the child with ASD in the classroom setting (Kempthorne, 2017). Engelbrecht et al. (2017) compared the classroom practices with respect to inclusive education in South African with Finish schools. For the South African sample, they used a variety of schools from different socioeconomic areas in the Gauteng area. They reported that in many mainstream schools in South Africa, the classroom size often reaches full capacity, sometimes reaching up to 60 students per class (Engelbrecht et al., 2017). Including children with ASD in such classrooms is difficult for teachers to manage (Lomofsky & Lazarus, 2001). Additionally, some school staff members do not have a full comprehension of inclusive education and what that entails for the mainstream classroom (Engelbrecht et al., 2006; Engelbrecht et al., 2017). Furthermore, children with ASD require additional support and individualised intervention planning to reach educational success in an inclusive environment (Simpson et al., 2001).

There is no doubt that having learning facilitators in the mainstream classroom is vital, but in South Africa the government does not provide the resources for such support (Engelbrecht et al., 2017). The parents have to foot the bill (Eldar et al., 2010). Not only is the process of inclusion and the employment of learning facilitators costly and therefore available mostly to affluent communities, but employing a learning facilitator is a prerequisite at some schools (Engelbrecht et al., 2017) even though this is not explicitly outlined in the WP6 (DoE, 2001). Furthermore, there is a shortage of information on ASD in South Africa (De Vries, 2016). There is little to no information that offers an understanding of learning facilitators and their experiences, especially learning facilitators who work with

children with ASD in the context of South Africa. As this is a growing profession in South Africa, it is of critical importance to understand their experiences as they provide children with ASD with an opportunity for quality education and growth in areas of emotional, social and academic development.

1.1.Motivation for the present study

Given the dearth of research available on learning facilitation, particularly in a South African context, there is a need for an understanding of the experiences of learning facilitators. Learning facilitation is a rapidly growing profession, particularly for children diagnosed with ASD in mainstream schools. The school environment plays a key role in developing the necessary skills children with ASD need to function successfully in society (Dewey, 1929). However, for children with ASD, being in a mainstream school environment requires additional support so that they can develop these skills. Kempthorne (2018) states that learning facilitators provide children with ASD with the necessary support to overcome classroom difficulties and challenges. This assistance can ultimately help children with ASD to develop the necessary skills to integrate them not only into the classroom, but society as well.

Learning facilitators provide a specific service that is essential to the social and educational development of children with ASD. However, very little is understood about the experiences of learning facilitators as they provide support to learners with ASD. Furthermore, little is documented about the training learning facilitators receive and whether this training sufficiently equips them for their role. Eloff and Kgwete (2007) discuss the concerns of teachers in South Africa regarding inclusive education in South African schools. One major concern is the lack of human support both inside and outside the classroom. Teachers in this study also expressed the need for human support like teacher assistants in the classroom (Eloff & Kgwete, 2007). Learning facilitators offer more specialised services

specific to children with ASD, although they can assist those with other barriers (Kempthorne, 2018).

Understanding the learning facilitator's experience provides insight into which areas of facilitating work and which need development. It can help to identify factors that would bring improvement in the long run, the quality of learning facilitator services, and the provision of a better inclusive environment for children with ASD in mainstream schools.

Little research to date has explored the transition of children with ASD into mainstream schools, particularly from the perspective of learning facilitators who provide learning support to these children. As teachers already face the high demands of a classroom of students (Landbrook, 2009), learning facilitators provide the support and assistance needed to ensure that child/ren with barriers to learning are included in mainstream schooling, both academically and socially.

1.2.Aims and objectives

The aim of this study was to explore the experiences of learning facilitators who work with children who have been diagnosed with ASD in a mainstream school setting.

The objectives were:

1. to explore learning facilitators' general experience of working and interacting with children diagnosed with ASD in a mainstream school setting;
2. to understand learning facilitators' experience of the training they received (if any) for this role;
3. to uncover how learning facilitators cope and manage with the demands of their roles as learning facilitators; and
4. to determine learning facilitators' access to additional resources and support.

1.3.Research question

How do learning facilitators in the Western Cape experience working with children on the autism spectrum in mainstream schools?

1.4.Overview of chapters

Chapter 2 provides an overview of the literature relevant to understanding ASD and learning facilitation. I discuss ASD by providing an overview of the disorder, including Asperger's syndrome, which is no longer considered a separate diagnosis from ASD. In Chapter 3, I explain the theoretical underpinnings of this research and the broader research paradigm within which this research is located. Chapter 4 outlines the methodology followed for the research, including the sampling procedure, data collection, data analysis, trustworthiness, transferability, dependability, confirmability, reflexivity and ethical considerations. Chapter 5 reports on the research results by considering the demographics, themes and subthemes. The last chapter, Chapter 6, I present the research findings and conclude the study.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

This chapter starts with a brief overview of autism spectrum disorder (ASD), including how the term was coined, the newer developments in the field (e.g. ESSENCE) (Gillberg, 2010), and the core characteristics. It is important to review the mounting research that draws attention to the fact that the symptoms of neurodevelopmental problems as classified in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, fifth revised edition) and the ICD-11 (International Classification of Disease, 11th revised edition) diagnostic classification often overlap or are intertwined and are often difficult to distinguish from one another (Gillberg, 2010). In more simple, scientific terms, therefore, children who have been diagnosed with ASD will almost always present with additional, overlapping areas of need that affect their learning, and which are addressed by an individualised facilitator.

After the brief overview of ASD, I discuss inclusive education in general, how it developed and what inclusive education entails. I then draw specific attention to inclusive education in a South African context. This includes a discussion of the White Paper 6: Special Needs Education, Building an Inclusive Education and Training System (WP6) (DoE, 2001), and the implementation of inclusivity in South African schools. The inclusion of special needs children in mainstream classrooms requires extra assistance, which has come to encompass the role of the learning facilitators. I outline how some teachers experience inclusive education and offer a brief overview of the concept of learning facilitation and how it forms part of the present study. Lastly, I discuss learning facilitators, here referring to an individual who provides classroom-based support and aid to learners who present with neurodevelopmental problems such as conditions on the autism spectrum. A primary challenge for the current study is how interchangeably concepts in

neurodevelopmental/neuropsychiatric conditions are used throughout the world, as well as the extent to which learning support needs are described in vastly different ways. It is not within the auspices of the present chapter to evaluate all these classifications precisely and exhaustively.

2.1.1. Introduction to ASD

ASD (Appendix A – diagnostic criteria from DSM-5) is a diagnostic classification that refers to a neurodevelopmental disorder. Although it is not stated explicitly in the diagnostic classification system, every condition on the autism spectrum presents uniquely. As such, no child on the autism spectrum can be considered the same as another child on the spectrum. They share qualitative social impairments in interaction, communication and imagination; an adherence to routines, repetitive behaviours and resistances to change; and atypical responses to sensory stimuli. These characteristics are present in any child or individual that presents with an ASD. However, every autism condition is associated with additional compromising neurodevelopmental needs, making it unique. This is important as there are no clear, definable, precise lines between neurodevelopmental/neuropsychiatric conditions early in a child's life (Gillberg, 2010). Aside from the marked problems between the ages of three and six in some (indeed most) of the areas of "(a) general development, (b) communication and language, (c) social interrelatedness, (d) motor coordination, (e) attention, (f) activity, (g) behaviour, (h) mood, and/or (i) sleep" (Gillberg, 2010, p. 2), neurodevelopmental problems share symptoms and signs that are diagnosable. Additionally, it is the extent to which this child's problems impair his or her daily functioning that is important. After all, neurodevelopmental disorders must be characterised too by the degree to which they impair the individual's social, academic, personal and occupational functioning – or there is no impairing condition as it were. Neurodevelopmental disorders are of combined environmental and genetic bases and typically manifest in early childhood development.

Waterhouse (2013) gives an exhaustive description that shows that there are as many suggested causes of the autisms as there are unique presentations of the autisms. It is, however, important to recognise that there is a significant genetic component to the presentation of most neurodevelopmental conditions.

The deficits presented in these disorders vary from specific limitations in specific areas (for example, a specific learning disability like speech sound disorder), found in areas of learning or cognitive control related to behaviour, to global impairments, affecting a variety of functions (for example, global developmental delay in a child under the age of five) in the areas of social skills and intelligence. These deficits affect functional, cognitive, and developmental skills and abilities. Such deficits in ASD include the domains of social communication in multiple contexts, as well as restricted and repetitive patterns of behaviour, interests and activities (APA, 2013a). In practical terms, ASD refers to clinically significant and pervading qualitative impairments in the social domains of interaction, communication and imagination, as well as a profile of routines, repetitive behaviours and resistances to change, and a significant profile of unusual responsiveness to sensory stimuli (NIH, 2016). Indeed, since the publication of the DSM-5, unusual responsiveness to sensory stimuli has become part of the diagnosis of ASD (Verhoeff, 2013).

Despite Grunya Sukhareva first describing autistic psychopathy in 1925 (Manouilenko & Bejerot, 2015), the term autism was coined by a German psychiatrist Eugen Bleuler following on the work of Emil Kraepelin, who first introduced the concept of psychotic disorders to the world of psycho-medical literature (Fitzgerald, 2012). Bleuler sought to identify and describe some of the mental functions that become distorted in the context of psychosis, and he referred to one of these altered functions as autism (Bleuler, 1950; Fitzgerald, 2012). The term autism derives from the Greek word *autos* to reflect a sense of the person's isolated self – suggested by Bleuler at the time to be experienced by

those with the most severe form of psychosis. Indeed, until much later in the 20th century, autism in infants was diagnosed as childhood psychosis or schizophrenia (Fitzgerald, 2012; Volkmar et al., 2012).

Kanner (1943) borrowed the term autism from Bleuler when describing the behaviours of change resistance and an insistence on repetition in a child with autism whom he observed. Kanner initially used the term autism to describe how such children have little to no interest in the social world and rather are drawn to the nonsensical world. Kanner's use of the term autism brought confusion, as it was associated with his work in schizophrenia and thus led to the early belief that autism was a form of schizophrenia. Kanner's view of autism was narrow and specific as he highlighted specific aspects of the disorder, namely communication problems in the total absence of language, a lack of social interest in infancy, and a resistance to change and a desire for sameness (Volkmar et al., 2012). Kanner (1943) further reported that children with autism presented with worries and anxiety. Later, in 1944, Hans Asperger coined the term Asperger's syndrome after noticing that some individuals who showed traits of autism (for example marked social communication difficulties), had normal communication. The new term, Asperger's syndrome, was cause for great debate, as Kanner's view precluded the inclusion of other related symptoms. As described by several authors, much of the research into autism over the 20th century was done with boys, as opposed to developing an understanding of how these conditions present in females (Gould & Ashton-Smith, 2011).

This development in autism resulted in a plethora of research on this topic. The views of the two early authors discussed above were similar in that they both acknowledged unusual social behaviours and patterns in behaviour, justifying the use of the term autism by both Kanner and Asperger (Wing, 1981). Asperger's syndrome was initially best described as children with autism who use language freely, but struggle to adjust in social contexts; desire

relationships with others, but fail to socially attain such relationships; are clumsy; develop peculiar interests and children who show marked impairments in non-verbal communication (Tantum, 1988).

Kanner and Asperger both played vital roles in defining autism and initiating the path of conception that has led to our understanding of autisms (Coleman & Gillberg, 2012). However, Kanner and Asperger only concentrated on boys. As a result, the persisting views on how autism presents are perhaps reflective of the behavioural presentation of boys and not girls. There is currently a significant drive in the field of neurosciences to explore and consider the presentation of neuropsychiatric problems (related to, and reflective of autism) in girls (Lai et al., 2015). A need remains for the development of diagnostic processes and procedures that are more suited to the experiences of girls. While the autisms are neurobiological and considered to be present from birth, their presence is behaviourally defined and there is no immediate test or screen for a definitive diagnosis. In conceptualising the spectral (or indeed spectra) nature of autism diagnoses, international authorities from Lorna Wing, Christopher Gillberg, Judith Gould to Mary Coleman (Coleman & Gillberg, 2012; Wing et al., 2011), all stress the importance of understanding each diagnosis as unique. They highlight the importance of understanding the presentation of these conditions from an individual, symptom-based perspective rather than looking for how a child 'fits' a rigid set of diagnostic criteria. Although research suggests that the core difficulties are reasonably consistent in males and females, the manner in which autism affects individuals is highly variable (Lundström et al., 2019).

Waterhouse (2013) aptly describes how there is no single or core pathogenic factor that has been found to cause autism, nor any single medicine or substance to either cause it (or indeed affect it) or cure it. Rather, the aetiology of ASD is comprised of both genetic susceptibility and environmental factors. These factors play a role throughout pregnancy and

during birth, and causes atypical anatomy and functioning in the brain. The genetic and environmental factors that are involved should be considered individually as each subset may vary (Hadjikhani, 2014; Lyall et al., 2014; Waterhouse, 2013). In a study done by Lyall et al. (2014), it was concluded that maternal nutrition correlates strongly with ASD, predominantly regarding the intake of folic acid. Furthermore, this study also supports the potential involvement of phthalate exposures (an endocrine-disrupting chemical found in many things, including but not exhaustive of building materials, make-up, lotions, etc.) as well as organophosphate pesticides (relating to deficits in the areas of motor coordination, visuospatial perception and memory, and a reduction in cognitive functioning). Additional environmental factors to take into consideration are advanced parental age; complications during pregnancy (including exposure to medications during pregnancy); maternal conditions (maternal hospitalisation during pregnancy, nutritional deficits and smoking); as well as complications during the birth process, including extremely premature births (Lyall et al., 2017; Waterhouse, 2013).

Pregnant women in South Africa face many risk factors for their children's long-term health and well-being, and among these risk factors is maternal ill health. At the time of writing, some of health epidemics in South Africa included HIV/AIDS, the misuse of alcohol, malnutrition and depression (Tomlinson et al., 2014). In 2018, 20.4% of the adult population in South Africa was living with HIV. Of the pregnant women who were HIV positive, 78% were receiving antiretroviral treatment (UNAIDS, 2020). Budd et al. (2018), pointed out that an increased ASD diagnosis was associated with elevated mitochondrial DNA content (mtDNA) in women who received antiretroviral treatment during pregnancy. Budd et al. (2018) suggest that the increase in mtDNA could be the result of the antiretroviral treatment exacerbating the genetic pre-disposition of ASD. Irrespective of HIV status, pregnant women need assistance, and inequalities in the health care system remain (Silal et al., 2012; Wabiri et

al., 2013). Even though South Africa has made many changes, including building hospitals close to rural and informal settlements, some women are still unable to afford transport costs and to purchase the equipment needed for the birthing process (Silal et al., 2012). In a study done by Wabiri et al. (2013) on the equity of maternal health, results showed that the poorer communities generally attended less antenatal care coverage and also had less access to skilled attendance at birth compared to wealthier quartiles. A large portion of the wealthiest quartile reported having a doctor available at childbirth.

ASD was previously categorised in different domains based on severity and symptom presentation (APA, 2013b). These categories included autistic disorder; Asperger's disorder, pervasive developmental disorder, not otherwise specified (PDD-NOS); Rett's disorder and childhood disintegrative disorder. However, some of these DSM-5 categories have been combined to form what is now called ASD, which includes autistic disorder, Asperger's disorder and PDD-NOS (APA, 2013b; Harker & Stone, 2014). Gillberg and Fernell (2014) discuss two proposed categories for an autism diagnosis. The first would be to conceptualise a presentation as autism only, which is an ASD diagnosis that presents without comorbidity. However, it is becoming clear that it is comparatively rare for a child with neurodevelopmental challenges to present with an autism only diagnosis.

The second would be to describe the child or individual's presentation as autism plus, which refers to an ASD diagnosis that includes associated comorbidities or overlapping difficulties. Gillberg has demonstrated in definitive terms that individuals presenting with early symptomatic syndromes, such as ASD or ADHD, most often present with areas of difficulty or challenge in other domains, making these distinctions important (Gillberg & Fernell, 2014). Gillberg and Fernell (2014) raised concerns that in recent years, children who present with autism plus have been receiving diagnoses for autism only, which disregards the other possible pathological neurodevelopmental features that should be identified in order to

form not only an accurate diagnosis, but also an effective intervention plan. This is especially problematic as co-morbid presentation of neurodevelopmental disorders is more common than single diagnoses (Gillberg, 2010).

The shift in focus to a more autism only diagnostic process is demonstrated by the plethora of intervention programmes and specialised intervention centres that focus on specific neurodevelopmental disorders only, such as autism, attention deficit/hyperactivity disorder (ADHD) and Tourette syndrome (Gillberg, 2010). Gillberg (2010) proposes a diagnostic process called ESSENCE (Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations), which shifts the focus from an isolated, categorical perspective of neurodevelopmental diagnoses to a more dimensional perspective and an interrelated diagnostic process (Gillberg & Fernell, 2014). ESSENCE suggests that comorbidity should be considered as a rule rather than an exception, because the majority of children that present with ASD do not present with it in isolation (Gillberg, 2010). The concept of autism plus is thus embedded in the notion of ESSENCE. Gillberg has suggested the overlapping and intertwined nature of neurodevelopmental problems since 1983 (Gillberg, 1983), and yet researchers are only now beginning to accept the broad and overlapping nature of children's neuropsychiatric and neurodevelopmental problems. Along with the concepts of ESSENCE, Gillberg also coined the term DAMP, to refer to children with deficits in attention, motor control and perception. This concept is useful as it describes the reality that many children with autism diagnoses in our schools present with challenges affecting their attention, motor coordination and perception, all of which will impair their authentic inclusion in the teaching setting (Gillberg, 2003).

Moreno-De-Luca et al. (2013) likewise view neurodevelopmental disorders from a dimensional perspective, stating that the patterns and impairments of symptoms that present themselves in these disorders lie on an underlying continuum. Although the study of

comorbidity and ASD is relatively new (Matson & Goldin, 2013) outside the work of Gillberg and his associates over the last 40 years, there seems to be a greater understanding of and appreciation for the extensive nature of overlap or comorbid diagnoses of ADHD among the ASD population (Antshel et al., 2016; Chen et al., 2015; Matson & Goldin, 2013; Stevens, et al., 2016). Among those children with ASD and ADHD, there is an increased risk too of developing other psychiatric disorders (Chen et al., 2015). Van Steensel et al. (2011) conducted a meta-analysis on anxiety disorders in children and adolescents with ASD. In this meta-analysis, they concluded that approximately 40% of individuals with ASD present with clinically elevated anxiety or a minimum of one anxiety disorder. Furthermore, Llanes et al. (2018) established that up to 48% of children with ASD between the age of four and seven present with ADHD and/or anxiety symptoms, with this becoming more prominent as the children entered more task-demanding environments. This states simply what has been a primary concern of Gillberg and his colleagues over the last 30 to 40 years: the extent to which neurodevelopmental problems place children at considerable risk for learning, psychological, psychiatric and other problems later in life if these problems are not identified.

As noted previously, conditions (or areas) for concern regarding developmental problems on the continuum of impairments found under the ESSENCE umbrella include general development, communication and language, social interrelatedness, motor coordination, attention, activity, mood and sleep (Gillberg, 2010). These are areas of development in which neuropsychiatric and neurodevelopmental symptoms can present or be observed in children from an early age, across numerous contexts. When neuropsychiatric problems are being considered (together with an autism or autism-plus presentation), challenges in these areas may not ‘fit’ into neat categorical diagnoses. Problems often present across diagnostic classifications, with the child experiencing a broad range of challenges (Gillberg, 2010; Gillberg & Fernell, 2014).

ESSENCE moves away from the idea of co-morbidity of distinct diagnoses that are separate, to a co-existence of impairments. They often cannot be seen as completely separate from each other (Gillberg, 2010). Coleman and Gillberg (2012) suggest that autism should rather be referred to as 'the autisms' considering the complexity of the diagnostic process as explained by ESSENCE. Autism rarely stands alone, but rather co-exists alongside other impairments. Coleman and Gillberg (2012) further state that the individualistic features should not be ignored. Furthermore, the number of ASD diagnoses has steadily increased in recent years (Lundström et al., 2015). According to Danish and Swiss population-based studies, this can largely be attributed to reporting practices, although not exclusively (Hansen et al., 2015; Lundström et al., 2015). Gillberg and his colleagues have, however, shown that there have not been any real or actual increases in the symptoms based upon which these diagnoses have been made.

The argument is therefore that the increase in autism diagnoses seen in recent years is not due to an increase in cases, but rather due to misdiagnoses in some children in the past. Three decades ago, Gillberg and his colleagues demonstrated that 75% of children who had a preliminary diagnosis of ASD before the age of three, maintained a stable diagnosis several months to years later. The remaining 25% did meet criteria for another developmental disorder, such as learning disabilities, separate from autism or ADHD (Gillberg at el., 1990). Chawarska et al. (2009) found similar results, emphasising that most children who display ASD symptoms around the age of two, maintain that diagnosis. However, for some children there may be improvement in social skills throughout the pre-school years. In a new recent study of three hundred participants, the majority of the participants met various criteria for ASD, PDD-NOS and other neurodevelopmental disorders. However, approximately one in ten were diagnosed with a disorder other than ASD, for example ADHD.

Rates of speech and language problems, ADHD, DCD, gastrointestinal problems, epilepsy, and learning disability in the ASD group varied from about 10% to 60%, but this had not been revealed in connection with the original clinical diagnosis of ASD. These findings at the time provided strong evidence that children were presenting with neurodevelopmental symptoms and signs that are best encapsulated and drawn together using the understanding of the ESSENCE framework. Depending on the inclination, interest and training of the professional first seeing the child, the child may first be diagnosed with SLI, ADHD, learning disability or ASD. If the professional is only describing, classifying, or indeed diagnosing only the neurodevelopmental problem(s) that he or she is familiar with, then any number of the comorbid problems may be missed (Gillberg, 2010).

2.1.2. Core characteristics of ASD

Several core characteristics are considered when diagnosing ASD. Firstly, there is qualitative social impairment in social communication, social interaction and social imagination. Secondly, there are resistances to change and difficulty in the ability to tolerate transitions that are visible in repetitive patterns of behaviour, routines, interests and activities. As seen in the DSM-5, they are almost always associated with unusual responses to sensory stimuli (APA, 2013a). Traditionally, the term autistic disorder was considered to be represented by these features, described as a triad of impairments. The shift to the continuum of ASD collapsed the core characteristics into the two domains discussed below (Sadock et al., 2015).

Persistent deficits in social communication and social interaction across multiple contexts. Persistent deficits in social communication and social interaction can manifest in different ways across a variety of communication deficits. When considering social-emotional reciprocity, individuals with ASD, especially young children, may show little to no initiation of social interaction or sharing of interests and emotions. The imitation of others'

behaviour is often lacking, and later on these individuals may fail to maintain a regular back and forth conversation. The language component is one-sided for the majority of the time, resulting in a request during communication rather than comments otherwise indicating engagement in feelings or conversation (APA, 2013a). Another aspect leading to a lack of social reciprocation is the impaired ability to deduce the emotional state of another individual, which makes the interpretation of social behaviour difficult (Sadock et al., 2015). One of the earliest symptom clusters observable in infants with neurodevelopmental disorders, age three to four, includes social and communicative concerns (Anckarsäter et al., 2008). A further difficulty present in this disorder is a non-verbal communicative deficit. Individuals with ASD generally tend to have less frequent and poor eye contact, which is seen as atypical to the norm of Western society (APA, 2013a; Sadock et al., 2015). Body language during interactions with others is generally seen as unusual or even exaggerated at times. From an early age, children with ASD often show an impairment in sharing their interests with others by pointing to or showing different objects (APA, 2013a). Although functional gestures can be learned, the spontaneity of expressive gestures often remains lacking (APA, 2013a; Sadock et al., 2015).

The last deficit in this category concerns the maintenance, development and understanding of relationships. Individuals are wrongly seen as presenting with a lack of empathy due to their responses to social situations (Hadjikhani, 2014). However, individuals with ASD have poor theory of mind (ToM) underlying their social deficits (Frith & Happé, 1994). ToM is also referred to as cognitive empathy, mentalising or social intelligence. It is the ability to infer feelings, thoughts, intentions, beliefs and possible behavioural outcomes of other individuals by means of understanding their mental state (Perner et al., 1989). Individuals with ASD demonstrate a desire for relationships, but without the cognitive inference of what those relationships require. Along with that, there is a struggle in

differentiating appropriateness of behaviour in different situations (APA, 2013a). Children that are higher functioning often learn the social skills necessary for their environment, like school, but the lack in spontaneity and friendship-developing social skills remains noticeable (Sadock et al., 2015).

Throughout the school experience, there is a focus on building and maintaining relationships. This could be challenging for individuals who experience barriers to learning, particularly those with ASD, ADHD and other learning difficulties, as they may experience victimisation in the school environment (Twyman et al., 2010). Studies have shown that children diagnosed with ASD, particularly those with ASD and ADHD, are more vulnerable to being bullied (Paul et al., 2018; Sentenac et al., 2011; Twyman et al., 2010), but even more vulnerable to being ostracised (Sentenac et al., 2011). According to Sentac et al. (2011), social skills and the number and quality of friendships are risk factors for victimisation. This is cause for concern as social skills have to be taught, and more importantly, generalised, particularly in ASD (White et al., 2007).

Restricted, repetitive patterns of behaviour, interests, or activities. When considering this criterion, it is important to note that the manifestations of these behaviours vary according to age, ability, and the level of intervention received (APA, 2013a). Restricted and repetitive behaviours can be separated into three categories: repetitive sensory motor movements, instances of sameness and restricted interests, and repetitive sensory motor movements referred to as stereotypy (Cunningham & Schreibman, 2008). Repetitive sensory motor movements involve fine and gross motor actions (APA, 2013a). Some children with ASD enjoy whole-body movements (e.g. spinning, jumping, rocking), others express these movements through hand and finger flapping (Szatmari et al., 2006). These behaviours also include repetitive use of objects and speech (APA, 2013a; Joyce et al., 2017).

Rodgers et al. (2012) conducted a study on the relationship between repetitive behaviours and anxiety in a group of children diagnosed with ASD (8–16 years of age). In this study the sample was divided into two groups – high and low levels of anxiety. They concluded that both groups presented with repetitive behaviours. However, there was a significant difference in the high level of anxiety group. This group presented with higher levels or repetitive behaviours, instances of sameness and sensory-motor behaviours. Wood and Gardow (2010) further suggest that anxiety could act as a barrier for children with ASD in functioning successfully in school. Additionally, teachers, parents and other professionals identify anxiety as one of the most important factors that affects participation in school (Saggers et al., 2018).

In the school environment, children with ASD may find it difficult to manage their physical environment (Ryan, 2018). Instances of sameness is a category that children with autism can find challenging in the school environment. This category encompasses compulsive behaviours and/or rituals, as well as difficulty in changing routines (Factor et al., 2016). In a classroom environment, children with ASD may face regular changes in schedule and their classmates may be present or absent irregularly. Therefore, having familiarity, for example personal assistance like a learning facilitator, may bring some relief (Ryan, 2018).

Restricted interests are expressed in a variety of ways, ranging from searching for information on a topic of interest to something greatly enjoyed like cartoons. These interests are often expressed through preferred activities (Klin et al., 2007). There has been speculation that specific interests could be used as motivation for school activities, but a lack of interest in specific activities may be problematic in the classroom, as it may be difficult for the children to engage in those activities (Gunn & Delafield-Butt, 2016).

2.1.3. Specifiers

The above-mentioned core characteristics form the basis of the ASD diagnostic process. However, there are different degrees to which children present with these symptoms. The specifiers provided by the DSM-5 provide a more accurate understanding of the level of severity for each of the presenting characteristics. Each core characteristic is rated separately and is susceptible to change in severity over time (APA, 2013a). The specifiers can be found in Appendix A, but for the current study, the severity level of the individuals that learning facilitators work with, is level one. The social communication on this level can cause noticeable impairments if there is no support. Social communication and understanding the social advances (or social intent) of others proves difficult to contextualise, process and understand. In the context of these challenges with social thinking the child may show a decreased interest in social interaction, or there may be a qualitative impairment in the child's approaches so that he or she may be 'too much' or 'too little' in their approach. The restrictive, repetitive behaviours or preoccupations – the child's cognitive inflexibility – may interfere with the child's functioning in switching between activities as well as in the quality or ability of the child to display the required organisation and planning (APA, 2013a).

Asperger's Syndrome. Asperger's syndrome was a term that came into use following work done by Hans Asperger (Hill & Frith, 2003). He noticed that some individuals have sufficient verbal abilities, but also have traits of autism. Essentially, they display a milder form of autism. These individuals now fall under the level one category of the new DSM-5 diagnostic system for ASD (APA, 2013a), but they have previously been described as having high functioning autism. This classification was problematic, although it sought to describe children – usually boys – with the underlying qualitative social impairments, but with a minimum of low average intelligence, and (seemingly) no early speech and language delay. The presentation of what was referred to as Asperger's syndrome, especially without

intellectual developmental delay, allows for the child's neurodevelopmental problems to be missed in many cases at an early age. Asperger's syndrome is thus often hidden in relation to the extent to which it is disabling for many children. With more encounters in their natural ecological environment as they face unexpected situations, their struggles are exposed (Frith, 2004). Frith (2004) elaborates, stating that this is noticeable in the display of autistic egocentrism, which comes across as a lack of consideration for others. However, autistic egocentrism should not be seen as it would for a typically functioning individual, as it is often non-deliberate and not based on selfish gain (Frith, 2004).The characteristics of Asperger's syndrome still contain the core criteria of social-communicative impairment (Hadjikhani, 2014; Sadock et al., 2015) and stereotyped and patterned behaviours, but with no noted abnormal language use or delays in language development. In such individuals, cognitive development is age appropriate. An individual with Asperger's syndrome often comes across as socially odd or even eccentric. Their conversation may seem repetitive and very literal. Non-verbal communication may seem non-existent or poorly understood and they often have very restricted interests. Individuals with Asperger's syndrome may also present with specific eating disorders and have poor motor coordination. Repetitive routines are common, and they may seem to make no common sense (Wing, 2009).

In this study the focus remains on individuals who have been diagnosed with ASD. However, it is helpful to consider the characteristics of Asperger's syndrome in relation to the current educational system structures. Children with a previous Asperger's syndrome diagnosis, now included in the broader diagnoses of ASD, commonly gain greater access to mainstream schooling as compared to more severe forms of ASD.

2.2. Inclusivity in education in South Africa

2.2.1. Inclusive Education

The idea of inclusive education is in accordance with the principle that all students with additional, specific or individual needs should be included in mainstream schools so that all learners can have access to, and receive, quality education (Engelbrecht et al., 2017). Traditionally, education in South Africa and abroad has at times emphasised the placement of children with special education needs in special schools. Importantly, as has been exhaustively demonstrated internationally, this 'silo' approach to both intervention and education has meant that many learners without intellectual disabilities but with individual neurodevelopmental needs (such as ASD or ADHD and other ESSENCE conditions or problems), have been placed in mainstream schools – often without an appreciation of their individual learning needs. International research provides a clear picture of the chasm that exists between the intention or principle, and the implementation of said principle (Gilberg, 2010; Gillberg, 2018).

In the context of South Africa, which is home to a great disparity between those with means and those without means, the inclusive education principle is particularly relevant to learners with financial struggles and learners who struggle with barriers to learning and need additional support (DoE, 2010). The Department of Education (2010) further states that in inclusive education, it is imperative to consider the rights of those children who experience barriers to learning in the inclusive process. Barriers to learning can be described as a particular aspect of said individual that interferes with the progress of learning (Mackay, 2014). In the context of this research study, the children with barriers to learning are children that have been diagnosed with ASD. It is also useful to recognise schools that are informally appraised as ASD schools are in fact not schools for children with an autism condition only, but rather, for children who have many associated and overlapping neurodevelopmental

needs, often in the form of borderline intellectual developmental disorder or intellectual developmental disorder (previously, pejoratively, referred to as mental retardation).

2.2.2. A Brief History of South African Education

Throughout South African history, inclusive education was set aside due to the political judgements at the time. When looking back at the apartheid era (1948–1994), it is evident that accessible education was not equally available to all children (DoE, 2010; Dreyer, 2008). During apartheid the South Africa education system was purposed to cause cultural and racial segregation grounded in the ideology of Christian national education, which was used as a means to socially exclude specific groups of people (Porteus, 2003). This exclusion was systemically entrenched by different education acts, namely the Bantu (African) Education Act, 47 of 1953, the Indian Education Act, 61 of 1965, and the Coloured Persons Education Act, 47 of 1963. Special needs students were particularly marginalised as they were not only separated because of race, but also because they needed specialised support and intervention (DoE, 1997). Special education, which was conceptualised to provide for learners with physical and learning disabilities, formed part of a separate education system, leaving those students educated separately from students considered typically functioning (Muthukrishna & Schoeman, 2000).

During this time, the State provided for special schools to be built. Each education department was run by a separate legislation, with the State providing more resources for white learners (DoE, 1997). Along with the other non-white departments, specialised education was inadequately provided for. The resources and intervention were insufficient. Not only was special education narrowly focussed on providing only specialised and individual services, but it was also very costly. The cost of specialised education services affected many individuals with disabilities, particularly those who could not afford such

services (DoE, 1997; Muthukrishna & Schoeman, 2000). There was much segregation and inequality in the school system during the apartheid era.

The transformation of South Africa's education system started in 1994. As South Africa journeyed from apartheid to democracy, it became evident that there was a need for outcome-based education that would be accessible to all (DoE, 2010; Dreyer, 2008; Muthukrishna & Schoeman, 2000), an outcome-based education that would no longer be based on social injustice, but rather guided by constitutional principles. Part of the constitutional pursuit of national unity included an education system based on the human right of quality education for all (DoE, 1995).

2.2.3. Inclusive Education in South Africa

The South African constitution is unique in that, unlike many other countries, it states that individuals with disability cannot be discriminated against (Matsebula, Schneider & Watermeyer, 2006; Government of South Africa, 1996, Section 9). The constitution preserves civil, political, social and economic rights, promoting the equality, freedom and dignity of all South African people (Government of South Africa, 1996, Section 26 & 27). Section 27 of the constitution also states that every person in South Africa has the right to basic education. This includes individuals with disability, whether a learning disability or a physical disability. The inclusion of children with disabilities in schools has become a worldwide priority (Donohue & Bomman, 2015; Savolainen et al., 2012). The movement towards inclusive education in South Africa seeks to create a place where the students will be nurtured, educated and feel as though they belong, regardless of any differences they may have. Including children with autism conditions and other neurodevelopmental problems in mainstream schools was a lengthy debate following the passing of WP6 on special needs education in 2001 (DoE, 2001).

The WP6 on Special Needs Education prioritised an inclusive training system to address those who experience barriers to learning, and to provide a framework to establish an inclusive education system in South Africa (D0E, 2001). One of the integral parts of the WP6 is the acknowledgement of diversity in the student body. Learner diversity should be recognised, respected and supported (Engelbrecht et al., 2015). Alongside the recognition of diversity in the student body, schools are expected to meet such diverse needs (Engelbrecht, 2017). Naturally, in the context of children with neurodevelopmental problems (including the autisms) presenting with so many diverse needs, this is reflected in international literature as not just an ambitious and expensive process, but also one that requires careful planning and individualised programmes with careful, child-centred assessment and programme implementation. The resources needed to do so effectively, are considerable (Eldar et al., 2010).

Aside from this natural challenge there are certainly discrepancies in the legislation regarding inclusive education and the implementation of such legislation (Engelbrecht et al., 2016). There is a lack of clarity on how inclusive education legislation should be enforced in schools (Donohue & Bornman, 2014). In a study done by Engelbrecht, Oswald and Forlin (2006) on three disadvantaged primary schools in the Western Cape of South Africa, it was found that many teachers and other members of the community did not fully grasp the philosophy of inclusive education. A principal of one of the primary schools also admitted that the WP6 arrived at the school but was not discussed with the staff (Engelbrecht et al., 2006). As found in the study done by Engelbrecht, Oswald and Frolin (2006), collaboration with school staff and the broader community is a key determiner for establishing an inclusive environment.

Regarding the financial implications of inclusion in mainstream school, it should be noted that the South African government does not provide funding for learning facilitators

(Giangreco & Doyle, 2007). In South Africa, the inclusion process involves financial investment and commitment from parents. Successful inclusion may require the assistance of other therapies like speech and occupational therapy, for which parents are invariably financially responsible (Engelbrecht 2005). Learning facilitators are often present in what would be considered to be traditionally more affluent, previously advantaged communities. Some teachers may argue that the lack of a coherent or cohesive implementation of policy has led to intensified and accentuated exclusion for children with special education needs (such as those faced by learners with ASD) in previously disadvantaged areas. In simple terms, deficits in policy comprehension, resourcing and implementation may be exacerbating exclusion. It is strongly recognised within the current study that this remains a serious stumbling block to authentic access for many children with ESSENCE conditions in South Africa.

That said, South Africa has made some progress in increasing the number of inclusive schools (Engelbrecht et al., 2016). However, in recent years the pressure of quality education for each individual in the school has been a daunting task and teachers, students, principals and parents all play a vital role. To better understand some of the critical issues surrounding inclusive education and the impact on various key role players, I now turn to the experiences of teachers in facilitating inclusive classrooms in mainstream schools.

2.2.4. Teachers' experiences of mainstream classrooms

One of the main role players in facilitating inclusive education are the teachers at the school. South African teachers, however, face difficulties with regard to inclusive education (Donohue & Bornman, 2015; Savolainen et al., 2012). One of the main difficulties teachers face is not being properly trained for or equipped to teach students with barriers to learning in conjunction with their wider classroom (Donohue & Bomman, 2015; Engelbrecht et al., 2017; Landbrook, 2009). Donohue and Bomman (2015) elaborate on this by explaining that

although current teacher training is focused on inclusive classrooms, previous training in South Africa was not diverse, leaving many teachers untrained for a diverse classroom (Donohue & Borman, 2015). Teachers do not only experience a lack of training in the area of ASD, but also other barriers to learning like ADHD (Kleynhans, 2005). As concluded by Kleynhans (2005), much of the information teachers receive on ADHD that forms their understanding of the disorder is received through non-formal sources (e.g. media), resulting in misconceptions about the disorder. Landbrook (2009) explores further challenges teachers face in inclusive primary schools in South Africa. Multiple principals admitted to being informed about the WP6 and the implementation of inclusive education, but there was no follow-up on that initial conversation and the training provided was insufficient. Educators from this study reported feeling ill-equipped to deal with special needs and they also expressed there was no guidance after the implementation of the inclusive education policy.

Landbrook (2009) and Roberts (2007) conducted studies concerning teachers' perspectives on the inclusion of children with ASD in the classroom. Roberts (2007) specifically looked at the perspectives of South African teachers who had worked with children on the autism spectrum in pre-primary and primary schools in Johannesburg, South Africa. In both these studies teachers raised their concern that they already face a demanding environment. Landbrook (2009) further states that in a classroom full of children who need specific attention in an already demanding environment, including children with barriers to learning would create a greater demand for the attention of the teacher.. The teacher has to face the demand of assisting students with behavioural problems as well as ensuring that children with barriers to learning are receiving adequate facilitation in addition to general education (Landbrook, 2009).

There is furthermore a lack of resources and support concerning inclusive education (Donohue & Bornman, 2014), particularly in public schools (Spies, 2013). In a Teaching and

Learning International Survey (TALIS) done by the Organisation for Economic Cooperation and Development (OECD) in 2018, it was reported that in South Africa, 71% of teachers work in schools where more than 30% of the school is socio-economically disadvantaged. This is more than 10% higher than the OECD average, baring evidence of remaining inequality in the country (OECD, 2018). The OECD (2018) further states that although most South African teachers are pleased with their educational training, 39% of them stressed the need for further training, particularly in the area of special needs, multicultural and multilingual settings. The OECD (2014) states that smaller classrooms are more beneficial for learners, often leading to more innovative teaching methods and more positive relationships. In South Africa, between 2013 and 2016, the average number of students in a classroom increased with 5.1%, with reports that the number of students increased while the number of teachers decreased (DBE, 2018). There has been a steady increase in pupils with a steady decrease of teachers available in state schools, often leaving teachers with larger classrooms than preferable.

Additionally, the lack of support coupled with the negative perception of inclusive education can leave teachers feeling disempowered and frustrated. The demands introduce the need for additional assistance from learning facilitators (Donohue & Bornman, 2014). One of the conclusions of Roberts' (2007) study was that a paraprofessional would play a vital role in the success of inclusion. Roberts' (2007) study also concluded that an ideal classroom setting would be that of smaller classes. For the majority of South Africa, this is not the case. Spies (2013) states how class sizes have increased since the inclusion policy has been accepted, resulting in teachers struggling to manage their classrooms.

A UK study done on the relationships between students, teachers and parents in mainstream schools, concluded that one of the greatest concerns from all three groups of participants was social integration, more specifically bullying (Frederickson et al., 2004).

Both parents and teachers in the UK study stated that personal non-academic and academic support, along with appropriate planning and preparation, is essential for achieving inclusivity (Frederickson, 2004). Eldar et al. (2010), explored the successes and difficulties of children with ASD in mainstream schools in Israel according to their coordinators. Students showed success rates in the areas of social engagement and assimilation, behaviourally (self-help, independence, meeting demands, self-restraint, perseverance), and reaching the class average academically or a higher academic level. One significant success factor was the efficient preparation of the whole team involved in the inclusion process, including the classroom students. There were, however, difficulties, mostly pertaining to the parental involvement. Like South Africa, the inclusion costs are at the expense of the parent. Eldar et al. (2010) suggest that this could lead to the parent being overly involved in professional matters regarding the inclusion needs of the child.

Dewey (1929), one of the most influential educational philosophers in the early 20th century (Sikandar, 2017), emphasises the importance of community life in the schooling system and of children learning to work in unity with others. He further asserts that a child's development of emotions and understanding, as well as idea and habit formation, are enabled within a school environment. The school environment enables the practice and growth of social and communicative skills by providing numerous opportunities for such development. Considering the deficits present in a child with ASD, it is vital that such children are exposed to the community life of the school environment in order to develop these skills. Roberts (2007) confirms that teachers found social integration to be of less concern than the above-mentioned concerns. Teachers are encouraged to promote natural social interaction between peers, where peer modelling can form the basis of learned social interaction (Roberts, 2007). Furthermore, it is important for teachers to work together, to collaborate and learn from each

other in order to create a conducive inclusive education environment (Engelbrecht et al., 2006).

Given the deficits of children with ASD and their difficulty in functioning in typical social and educational settings, assistance is required to maximise social development. Currently in South Africa, this assistance takes the form of a learning facilitator. However, and as is described below, a learning facilitator is an individual employed mostly by the family of the student with special needs. This facilitator accompanies the child through most of the school day in a mainstream classroom setting to assist with academic and social needs, depending on the need of the child. These facilitators are mostly available to individuals from more affluent communities as their services are not provided by government. Without learning facilitators, children with ASD may not be able to attend mainstream schools and learn the necessary social skills required to function in daily living.

2.3. Learning facilitators

Learning facilitators are present in mainstream schools in many different countries. The trend of employing paraprofessionals, or paraeducators, or special needs assistants (SNAs) developed in the late 20th century. They were introduced to assist where specialised staff were in shortage (Kerins et al., 2018; Pickett, 1999). Since then it has become a growing profession. Lacey (2001) discusses the scant literature available on learning facilitation, particularly in South Africa. Although there has been progress in the research since then, it remains true that the majority of the literature available on the topic is found from countries such as the UK and the USA, among others (Douglas et al., 2016; Hammett & Burton, 2005; McConkey & Abbott, 2011; Mistry, Burton, & Brundrett, 2004).

The existing studies show areas of overlap pertaining to the role of the learning facilitator. Practically, learning facilitators play a supportive role for the student(s) to whom they are assigned. In most cases the facilitator would be assisting on a one-on-one basis, but

occasionally the facilitator may be assigned to more than one child in a class (Bergstedt, 2015; Groom & Rose, 2005; Hammett & Burton, 2005; Lacey, 2001; Maher & Vickerman, 2018; Roberts, 2007). The supportive position that the facilitator plays should not replace the role of the teacher, but rather aid the teacher in supporting the student. Another agreed upon trait is that their role contributes largely to inclusion in schools (Groom & Rose, 2005; Hammett & Burton, 2005; Lacey, 2001). There does not seem to be one cohesive definition for the role of a learning facilitator (Bergstedt, 2015), but there are many facets to their position. More than half of the participants in Roberts' (2007) study states that learning facilitators play a role of comfort and relief. Some other participants made mention of aspects like positively reinforcing the child and giving the child a sense of accomplishment. In a study done by Bergstedt (2015), learning facilitators stated that they would play different roles at different times. Their role could be maternal in nature, the role of a friend, understanding the child and giving reassurance, building confidence and being able to relate to the child on their level (Bergstedt, 2015).

There are many roles a learning facilitator could play, ultimately providing support for each learner's individual needs. Learning facilitators have a more intimate knowledge of the student's disorder and often understands the student at a deeper level. Learning facilitators, therefore assist teachers in understanding their student better and help them to build stronger relationships with the child (Robertson et al., 2003). Some teachers have stated that potentially having a child with behavioural difficulties in class evokes anxiety, but the prospect of having learning facilitators in the classroom alleviates this anxiety (Lomofsky & Lazarus, 2001). Roberts (2007) highlights the concerns that teachers had when considering including children with autism in their classrooms, learning facilitators was considered their lowest concern.

In South Africa, there is often a prerequisite of a learning facilitator for children with barriers to learning to be accepted into a school (Engelbrecht et al., 2003). The learning facilitators who are employed are usually specialised in their field, but no guidelines as to what their qualifications should be have been established. There is also currently no recognised formal training other than the training for facilitators provided by several organisations who source learning facilitators for families. However, numerous studies make mention of the lack of, and need for, training in this field (McConkey & Abbott, 2011; Riggs & Mueller, 2001; Watson et al., 2013). In their study, McConkey and Abbott (2011) state that learning facilitators express a desire to be trained firstly in the area of neurodevelopmental disorders to gain a greater understanding of conditions such as ASD, Asperger's syndrome and ADHD. Furthermore, LSAs want to be better equipped for behavioural instances that may take place in the classroom setting. Riggs and Mueller (2001) confirm the need for training and lack of training among paraeducators in mainstream classrooms, from both teachers and paraeducators.

Evidently, the training of individuals who support children with barriers to learning in mainstream schools appears to be lacking. Additionally, there have also been mixed reports on the general experience of learning facilitators in the mainstream school environment. Douglas et al. (2016) report that teachers recognised the importance of teamwork with the paraeducators in their classrooms. They stated that the paraeducators should feel that they are part of the team. Roberts (2007) reiterates the importance of working together to achieve inclusion. In a study done by Riggs and Mueller (2001), paraprofessionals (i.e. learning facilitators) reported not feeling respected or valued in the school environment, while some learning facilitators experience the opposite (Giangreco et al., 2010). Although there may be some challenges throughout the inclusive education process, learning facilitators play a vital

role in making inclusion possible. They play an active role in enhancing the potential of the pupils they are assisting (Bergstedt, 2015), integrating them into the mainstream classroom.

2.4.Summary of chapter

In this chapter I provided an overview of the literature on ASD and inclusive education. Understanding ASD, particularly the uniqueness of each of the autisms, is essential for an understanding of the need for specialised additional support in the mainstream classroom, which includes the need for learning facilitators. Inclusive education in South Africa has grown immensely since the release of the WP6. However, challenges remain for individuals with barriers to learning who would like to form part of the mainstream education system. These challenges include but are not limited to classroom sizes and financial implications. Furthermore, although there is a dearth of information available on learning facilitation in South Africa, it is clear that additional support is needed in mainstream schools. However, learning facilitators have reported feeling unwelcome and undervalued in schools. Nevertheless, learning facilitators play a vital role in the inclusion process. I now turn to the research paradigm and theoretical framework to discuss the lens through which this research is interpreted.

CHAPTER 3

RESEARCH PARADIGM AND THEORETICAL FRAMEWORK

3.1.Introduction

In this chapter I discuss the research paradigm and theoretical framework used in this study. the chapter starts with a description of the research paradigm. The research paradigm is social constructivism, which is embedded in Interpretivism. This is followed by a discussion of the ecological systems theory (EST) and the application of EST to this study.

3.2.Research paradigm

3.2.1. Social constructivism

Interpretivism accentuates the view that knowledge and truth are products of people's cultural and historical experiences, making it subjective (Ryan, 2018). A researcher who employs an interpretivist or constructivist approach investigates the experiences and perceptions of others to understand the way they view the world (Thanh et al., 2015). Interpretivism emerged from German philosophical thought that presented the idea that human behaviour can be understood through more than mere observation (Ritchie & Lewis, 2003). Immanuel Kant (1998) firstly proposed that humans have senses and we perceive the world by interpreting what our senses tell us. Secondly, the knowledge we have is based on thinking about past experiences we have had and not only our current experiences. Thirdly, the concepts of knowledge and knowing goes beyond a pure sensory experience, and lastly, that scientific reason and practical reason should be defined separately. He saw scientific reason as something that is based on causal relationships and practical reason shifting, being less certain and based on moral freedom and decision making (Kant, 1998; Ritchie, 2003).

Interpretivism does not ignore the influence of the researcher. In interpretivist research, the researcher moves away from the notion of one objective truth to consider people's subjectivity as part of their experiences (Dean, 2018). This research is embedded in

the interpretivist paradigm as it seeks to make meaning of the subjective experiences of the learning facilitators. This meaning making is done by exploring the perceptions facilitators have of their work environment and considering how their experiences have been constructed by their social environment (Mackenzie & Knipe, 2006). Given the emphasis on how experiences are constructed in the social environment, social constructivism was chosen as the main paradigm for this research.

The origins of social constructivism can be found in John Dewey's *Pedagogic Creed* (1929), where he proclaims that education is not a compromise between psychological and social aspects, nor is one more important or dominant than the other. Rather, the psychological and the social link organically. Social constructivism employs the process of meaning making with an emphasis on the social aspects of the individual's life. Adams (2006) states that knowledge is constructed through social interaction, more specifically how that interaction is interpreted and understood by the individual. Social constructivism emphasises that cognitive development takes place through social interaction and that learning is dependent on how individuals interact with others (Draper, 2013). Social constructivism is founded on the work of Lev Vygotsky, who believes that cognitive growth occurs through cultural experience and social activity (Kozulin, 1990).

Social constructivism has three premises. First, reality is socially constructed through human activity. Second, knowledge is constructed through social and cultural human interaction and meaning is created through interaction with others and with the natural environment. Lastly, meaning through learning is created by learning through social activities. When considering children who require special education in an inclusive system, social constructivism focuses on three areas: Firstly, sociocultural context and the necessity of this in the learning environment; secondly, understanding the role that social activity, inclusion, and teaching play in development. Lastly, the contribution that the learner makes

themselves and how this affects their own development (Mallory & New, 1994). Learning facilitators form part of the process of learning for children with ASD in mainstream schools, and further go through their own process of learning as they perform their roles as facilitators.

Green and Gredler (2002) employ a similar stance to Dewey (1929), stating that children enter communities when they enter their school environments. By interacting with others in these communities, individuals are influenced and changed by the context in which they find themselves. Learning facilitators, although not children, similarly enter the mainstream communities alongside the child they assist. Efforts to understand the experiences of learning facilitators through a social constructivist lens draw attention to the community in which the facilitators work with the child, which is the mainstream school environment. From the perspective of social constructivism, this study delves into the environment of the facilitator. It seeks to understand how the facilitators make meaning of their role, training, relationships, the mainstream school environment, and their support structure. The ecological systems theory was selected to fully grasp how the different interactions the facilitator experience throughout their role affected their role as facilitators.

3.3.Theoretical framework

3.3.1. Ecological systems theory

I used Bronfenbrenner's ecological systems theory (EST) to gain an in-depth understanding of the role of the learning facilitators and the different aspects that influence their role. EST offered a more structured approach to understanding the learning facilitators' role in the context of their natural environment. Bronfenbrenner (1977, 2005) defines the ecology of human development as the process of studying how people who are continually growing, experience this growth within their immediate environments. This progression refers to immediate environments and the broader social context. Bronfenbrenner (1977, 2005) accentuates that human development is a process of growth throughout all the systems,

each system influencing the other. Therefore, although we differentiate systems, they relate interchangeably.

Bronfenbrenner and Morris (2004) mention different aspects that are essential to understanding EST. The first is the process. The process refers to the interactions that the human, in this case the research participants, have with themselves and their environment (Bronfenbrenner, 2005: Bronfenbrenner & Morris, 2004). The second aspect to consider is the person. The process will inevitably vary because each individual has their own set of characteristics and develops individually. Thirdly, the context for each individual should be considered. The process that the individual goes through will vary according to their context. Lastly, developments take place over time. Each time period will present with its own processes of development (Bronfenbrenner & Morris, 2004).

Using the EST, I interpreted the data by looking at the participants' experiences as learning facilitators for children diagnosed with ASD in mainstream schools. This research offers insight into the learning facilitators' experiences by exploring their roles, training, the importance of relationships, support structures and the mainstream school environment over the time they worked as facilitators before attending the interview.

Microsystem. The first of the five systems is the *microsystem*. The microsystem considers the developing person, which in this study refers to the learning facilitator, and how that person relates with their immediate environment. The immediate environment can refer to face-to-face interrelationships as well as places, such as the home environment, school setting or workplace (Bronfenbrenner, 1977). Bronfenbrenner (2005) expanded his definition to include characteristics of temperament, personality, and systems of belief of other individuals in the face-to-face environment. In the microsystem and in relation to the learning facilitators, there are many factors that affect the interrelationships in the immediate environment. The learning facilitators' most direct relationship would be their relationship

with the child that has been diagnosed with ASD. Considering that Bronfenbrenner (2005) included the temperament and personality of the individuals in the microsystem, the effect that ASD has on the child-facilitator relationship is important. It affects the role of the learning facilitator in the mainstream classroom. Here, it is important to understand ASD and consider that each ASD condition is unique (Gillberg, 2010). The uniqueness of each ASD condition should be taken into consideration when establishing the role of the facilitator. There are other direct relationships in the immediate environment as well, for example a relationship with the teacher. Relationships that are relevant to the facilitator role include relationships with the broader school staff, parents and other professionals who are involved in the inclusion process (e.g. psychologists). The participants in this study also referred to different support structures. Some of these support structures came from direct relationships within the school environment and others came from the facilitators' home environment. Therefore, the support of the facilitators was also essential to establishing their experiences in this system.

Mesosystem. The second system is the *mesosystem*. This system involves how the major settings (the microsystems) present in the individual's life, interact with each other. One example is the relationship between home and school (Bronfenbrenner, 1977; Bronfenbrenner, 2005). Furthermore, each environment can influence the other, which will consequently influence the learning facilitator. Roberts (2007) states that working together as a team of professionals is central to the inclusion process. The learning facilitator maintains individual relationships with the role players involved in the inclusion process, and those relationships should work together in an interconnected fashion to reach the goal of the successful inclusion of the child. As discussed later on, the learning facilitators in this study highlighted the importance of relationships and working together. The role players involved in the inclusion process often provided training to the learning facilitators. Facilitators'

training or lack of training should be considered here as this has an effect on the functioning of the learning facilitator. **Exosystem.** The third system is the *exosystem*. Here the focus remains on formal and informal structures that influence the environment of the individual (Bronfenbrenner, 1977), which in this case is the learning facilitator. The exosystem incorporates the links between and processes in two or more settings, of which at least one does not include the developing person directly (Bronfenbrenner, 2005). This influence would determine much of what happens in the immediate setting (Bronfenbrenner, 1977). In this instance the exosystem would refer to school policy, which directly influences the learning facilitator, but functions separately from the involvement of the facilitator. Another clear example of this would be the way the home life of the child with ASD affects how they behave at school, which would consequently affect the role of the facilitator.

Macrosystem. The fourth system is the *macrosystem*. The macrosystem is the most distant extension of the systems (Bronfenbrenner, 2005). It refers to the customs, culture and subculture that determine the functioning of society. These aspects influence the interactions throughout the other systems (Bronfenbrenner, 1977). In each macrosystem, one should pay attention to belief systems as a result of the developmental environment, resources available, lifestyle, dangers, controlled opportunities, life choice options and alternation of social patterns (Bronfenbrenner, 2005). In relation to the learning facilitator, the macrosystem would include the larger inclusive education movement and the effect that has on the mainstream education environment of the learning facilitator. Furthermore, financial implications should be considered in this system. Although all South African schools should offer inclusive education as outlined by the WP6 (DoE, 2001), the government in South Africa does not provide the funding for learning facilitators (Giangreco & Doyle, 2007) even though some children with barriers to learning require additional assistance (Engelbrecht 2005).

Chronosystem. The ecological systems theory is based on a process-person-context model, as previously explained, focussing on how the different characteristics of the environment and person function in conjunction. Bronfenbrenner noticed a rift in this approach and drew attention to the concept of time, which had previously been absent. He then introduced the chronosystem into model. The chronosystem includes the developmental changes that occur as a result of life events and experiences. The chronosystem also looks at historical context related to the development of the person (Bronfenbrenner, 2005). The EST, therefore, emphasises that the individual is moulded by the experiences they have throughout a lifetime.

3.4. Conclusion

This study is interpretive in nature and is embedded in a social constructivist paradigm, with the aim of investigating how learning facilitators subjectively experience their role, training, relationships, the mainstream school environment, and their support structure. The research is further interpreted by means of the EST from Bronfenbrenner. The EST provides a more structured way (through the five systems) of interpreting the experiences of the learning facilitators and the interconnections between the different aspects involved in the learning facilitation process.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1.Introduction

In this chapter, I discuss the methodology used in this research. The chapter starts with a description of the research method (research design, research participants and sampling, data collection method, and data analysis). This is followed by a discussion of the trustworthiness of the research and my reflexivity throughout the research process. Lastly, I discuss the ethical considerations relevant to this research.

4.2.Research methods

4.2.1. Research design

In this study, I aimed to explore learning facilitators' experiences while working with children who have been diagnosed with ASD in a mainstream school setting. The purpose of exploring the facilitators' experiences was to better understand their experiences and roles in their working environment, the training they received, their management of the demands of being a learning facilitator and the resources and support structure available to them. In this exploratory qualitative study, I used in-depth semi-structured interviews to collect data in order to answer my research question (Elliott et al., 1999; Ritchie & Lewis, 2003).

Qualitative research moves away from the assumption that experiential data and statistics are needed for a study to be valid and reliable (Sliverman, 2003). In this qualitative study, I achieve the aim of exploring learning facilitators' experiences of working with children who have been diagnosed with ASD in a mainstream school setting by offering a more profound understanding of the social phenomena (Durrheim, 2014; Elliott et al., 1999; Silverman, 2013). This was achieved by focussing on understanding the facilitators' experience in their natural environment (Durrheim, 2014). Furthermore, qualitative research is concerned with understanding how individuals attach meaning to their social world

(Ritchie & Lewis, 2003). Using a qualitative methodology, I have sought to learn from learning facilitators how they attach meaning, in their own way, to their experiences as facilitators in a mainstream environment.

4.2.2. Setting

I approached three different organisations to recruit participants. For the purposes of protecting their identities, I refer to Organisation A, B, and C in this study. Organisation A, the first organisation, consists of a multidisciplinary team that works with individuals who have neurodevelopmental challenges. They provide training for learning facilitators and often recommend specific individuals to parents who need assistance with their facilitation process. Organisation B is an organisation that provides home therapy and facilitation to children with ASD. They provide home therapy training and facilitation training. Organisation C is also an organisation that provides home-based therapy for children with ASD as well as facilitation. They also have a pre-school for children with barriers to learning, particularly ASD.

4.2.3. Research participants and sampling

I first recruited participants from Organisation A and Organisation B. Organisation C was contacted, but they only had two learning facilitators at their organisation. One learning facilitator did not meet the requirements for taking part in the research and the other could not take part due to time constraints. I used purposive sampling to recruit more participants for this study based on suggestions from the participants I recruited from Organisation A and B. Purposive sampling is a non-probability sampling method where specific criteria are set and participants have to meet these criteria to be eligible to participate. Any person that met the criteria could participate in the study (Shenton, 2004). The inclusion criteria for the participants in this study was that the participants had to have been facilitating a child with ASD in a mainstream school for a period of six months or longer. Learning facilitators could take part in the research regardless of whether they had received formal training or not.

Facilitators without training were allowed to take part since I wanted to discover if training was available to all facilitators, and if they did receive training, what kind of training they had to equip them to perform their role as a facilitator. Consequently, the facilitators who took part in the research differed in this regard.

I received preliminary ethics approval with stipulations on the 9th of May 2019. After meeting the stipulations, I received correspondence from the coordinator of research ethics on the 20th of May 2019 that my approval letter would arrive that day. There were, however, some technical difficulties with my submission, which took some time to rectify. I therefore received my ethics approval on the 24th of June 2019 (Appendix E). Following the final approval of my research proposal by the REC, I sent letters of invitation to potential participants via e-mail on the 10th of June 2019. I intended to do my research through Organisation A, so I sent the e-mails out through this organisation. I soon realised that data collection was moving too slowly and was very restrictive, only allowing for participants to take part if they were affiliated with Organisation A. I applied to the REC to amend the process by asking permission from Organisation A to access the contact details of the potential participants so that I could contact them personally. The approval for the amendment was received on the 25th of July 2019 (Appendix F).

I received little response from the potential participants and after consultation with my supervisor, it was clear that it would be more beneficial to include a broader spectrum of learning facilitators in the study. Knowing that there were other organisations and schools with facilitators, I decided to amend the research title to include more facilitators in the Western Cape. One organisation did not provide enough participants, and including more organisations would give a broader range of experiences from facilitators, which would add to the information provided by the facilitators. Furthermore, using a variety of facilitators could give more insight into the different environments where facilitators are placed. Lastly,

using different facilitators at different schools, possibly trained by other organisations, would give a broader understanding of their experiences in a variety of settings. Even though the purpose of qualitative research is not to generalise (Lincoln & Guba, 1985), it was beneficial to include learning facilitators from different organisations who work at different schools.

I received permission from three different organisations to recruit participants by accessing the information of individuals whom the organisations have trained or placed as facilitators. Ethics approval for this amendment was received on the 22nd of October 2019 (Appendix G).

After receiving the contact information of potential participants, I contacted the participants via e-mail or telephone. Participation in this research was entirely voluntary, and I communicated this clearly to each participant. The interviews were conducted at various sites that were comfortable for the participants. Each location was private, with no other individuals in the room. I used snowball sampling with the intention to interview 20 participants. The individuals who agreed to participate had an opportunity to recommend someone who they knew to also be a facilitator and who would possibly consider participating in the research (Blanche, Kelly & Durrheim, 2014). These potential participants were contacted in the same way, via e-mail or telephone. In total, 46 possible participants were contacted to take part in this research. Thirteen individuals did not take part as they did not meet the requirements. A further 10 individuals did not respond to the invitation to participate and four individuals had difficulty with either scheduling, venue, or transportation. Two participants withdrew after agreeing to participate as they could not make time in their schedule. One individual did not want to participate in this research study after being contacted. Altogether 18 individuals participated in this research. Participant three (P003) did not have six months experience, but after consultation with my supervisor, I decided to keep the data in the data set because the information was similar to the experiences other

facilitators, and this participant had vast exposure to learning facilitation prior to being a learning facilitator herself. I clearly explained to each participant that the information obtained during the research process would be kept confidential (see Appendix D). Participant numbers (e.g. P005) were used to ensure anonymity in the written data.

4.2.4. Data collection methods

Semi-structured interview. I used face-to-face, semi-structured interviews to collect data from the participants. Semi-structures interviews allow the interviewer to engage with the interviewee in a more open and conversational manner (Leech, 2002; Zhang & Wildemuth, 2017) using a combination of open and closed-ended questions (Adams, 2015). Semi-structured interviews are beneficial because they are flexible, consisting of predetermined questions that can be re-arranged or removed throughout the interview process. Furthermore, semi-structured interviews elicit information from the participant from their perspective, engaging their individual experiences (Lewis, 2003; Lou & Wildemuth, 2017). Individuals conducting semi-structured interviews often make use of probes or follow-up questions to elicit more information or further explanation (e.g. why? How?) (Adams, 2015; Luo & Wildemuth, 2017).

The benefits of doing face-to-face interviews include that the interviewee can take note of verbal and non-verbal social cues (Opdenakker, 2006) and report on these social cues, as I did, during the transcription process. Additionally, the answers in a face-to-face interview are more spontaneous (Opdenakker, 2006). The open-endedness of semi-structured interviews provides participants with the freedom to answer the questions in a way they find comfortable. Furthermore, the interviewer has room to elicit more detailed information from the participants in a conversational way to gain insight into the thoughts and understanding of the learning facilitators. This opened the possibility to discuss subject matter in greater detail (Durrheim, 2014; Ritchie & Lewis, 2003). The shortcomings of semi-structured interviews

are that they can be time-consuming, from the selection of questions to the transcriptions and analysis of the data (Opdenakker, 2006). Furthermore, the researcher or interviewee should make sure throughout the interview that the research questions are being answered and the respondents are clear. If this is neglected, it may not be possible to go back and clarify once the interview has been completed (Barker et al., 2002).

The interview schedule. The semi-structured interviews were guided by a self-designed interview schedule (Appendix C). I intended to interview 20 participants, but data collection stopped after 18 participants as two participants withdrew due to difficulty with making time in their schedule. I anticipated that I would reach data saturation at 20 participants. The general principle of data saturation is that data saturation occurs when no new concepts, themes or ideas emerge from the data set (Guest et al., 2006). It would be difficult to ever reach data saturation because each experience is so different. However, certain patterns were identified from early on. Therefore, after considering the repetitive trends, I stopped data collection after 18 interviews.

On average, the interviews lasted 42 minutes (ranging from just under 28 to 67 minutes). The questions in the interview schedule were open-ended (e.g. Discuss some of the support structures that you currently have) and probes were also used (e.g. What would you like to gain from a support group setting?) to guide participants through the interview (see Appendix C). I recorded the interviews using a dictaphone and transcribed the interviews verbatim. I included all noises, sounds and utterances made during the interviews, and I included information I would find helpful when analysing the transcriptions (e.g. adding tone of voice or facial expressions). All recordings and transcriptions are stored electronically on a computer that is password protected and available to my supervisor and I. Hard copies of any data pertaining to this study are kept in a locked cupboard in my supervisor's office. All data pertaining to this study will be kept for a minimum of five years. The participants were

compensated for any travel costs and received a small Woolworths voucher to the value of R50 as a token of appreciation for their time and willingness to take part in the research.

4.2.5. Data analysis

In this study, I used thematic analysis to analyse the data. Thematic analysis can be used for a variety of qualitative data sets. It is a process used to recognise patterns of meaning in a data set (Clarke & Braun, 2017) as offered by the participants throughout the interview process. Thematic analysis is beneficial due to its flexibility. It is not committed to any one theoretical technique, but can be used successfully across a variety of theoretical frameworks (Clarke & Braun, 2013, 2017). There are two main ways to conduct thematic analysis. The first approach is inductive (data-driven) and the second approach is deductive (theory-driven). For this research I took an inductive approach, emphasising the role of the data collected by not coding the data to pre-existing themes (Braun & Clarke, 2006). Many qualitative approaches require in-depth knowledge about specific theories (for example, discourse analysis), whereas thematic analysis operates independently and allows for variety in theoretical perspectives and research interests (Clarke & Braun, 2013). Additionally, the six-phase process of analysis is a systematic approach created for the researcher to identify themes in the data set. The process of generating themes is no longer considered a rigid process of building from the first phase to the second phase only. Although the phases do build on each other and are sequential, it is an iterative process where the researcher moves back and forth between the phases, promoting rigor while engaging with the data (Clarke & Braun, 2017).

I used thematic analysis to analyse this data by systematically identifying and organising the data into themes. The themes serve the purpose of making sense of the collective data set by identifying shared meanings and experiences (Attride-Sirling, 2001; Braun & Clarke, 2012) and to identify the patterns across the data set that were relevant to the

research question (Braun & Clarke, 2012). I described the shared meaning in the data set using the six-phase thematic analysis process set out below (Attride-Stirling, 1999; Braun & Clarke, 2012).

Phase 1. This phase began with collecting all the data via interviews as previously stated (Braun & Clarke, 2006). After personally conducting the interviews, I stored the data safely for use as part of this research project. This is the first phase of the six-phase process. The goal of the first phase is to become familiar with the collected data (Braun & Clarke, 2012). I fully immersed myself in the whole data set to grasp the depth and breadth of what the participants mean by what they are revealing. This phase is vital to the rest of the process as it forms the basis of the analysis procedure (Braun & Clarke, 2006).

Part of familiarising myself with the data was the process of transcribing the interview recordings. Transcription is a complex task that can be time-consuming and frustrating, but it offers a great opportunity to become familiar with the data set (Braun & Clarke, 2006). For this project I used the following transcription punctuation: sensitive information was disclosed in angle brackets e.g. <Participant name>, sentence interruptions (-), pause in speaking (..), end of speaking turn (.), sounds or other noises in regular brackets e.g. (laughing), other information that may be helpful as discerned by the transcriber in double brackets e.g. ((sigh of relief)), pause in sentence followed by continuation of separate sentence (_). Throughout the analysis it is important to consider the data as a process of making meaning of the experiences of individual (Clarke & Braun, 2013). I transcribed each document carefully, considering the interview as the transcription was taking place, reflecting on what each individual said and making separate notes to review at a later stage. The verbatim recording of the interviews was beneficial as it brought a measure of closeness to the data (Halcomb & Davidson, 2006) I might not have experienced otherwise.

After I completed the transcriptions, I re-read the transcriptions while listening to the recordings to ensure accuracy. During this time, I fixed any errors I came across in the transcripts. Once I had completed the transcriptions, I created a brief summary of key concepts to start developing themes from the data. I reviewed and studied the documents with the actual interviews in mind to gain a more holistic view of what each individual was trying to say.

Phase 2. Phase 2 starts with the researcher creating initial codes. These codes represent areas of interest that have emerged from the data set during the process of becoming familiar with the data (Braun & Clarke, 2006). Since I used a data-driven, inductive approach, I did not have pre-existing themes. I coded the data inductively and later grouped codes together in order to develop themes (Braun & Clarke, 2006). To start the coding process, I paid careful attention to each interview. Not having set codes and themes in mind, it was important to code as much as possible to make sure all possible interesting and important information was captured (Braun & Clarke, 2006). The process of coding was aided by Atlas.ti, a software programme for qualitative research. During coding, all important and interesting information was labelled (Clarke & Braun, 2013) descriptively. Once the first two interviews were complete, I met with my supervisor. Supervision was a key element throughout the analysis procedure, specifically during coding. After supervision I reviewed the coding to check for any redundant codes, codes that were too broad, as well as codes that were synonymous. The codes were removed, split and merged respectively.

This same process was followed, coding two documents at a time and evaluating the codes once every second document had been completed. By the fourth document, I began to notice that certain codes were not necessarily synonymous but were inextricably linked. I used these codes to form code groups to create a more personal structure in the coding process. After meeting with my supervisor, I noted that many of the codes were vague and to

truly capture the essence of what was being said in the data set, a few codes had to be split. As this process continued, I began to identify fewer and fewer new codes, with the participants saying similar things. However, I identified new codes in every document. The two-by-two coding process continued until the twelfth document, after which the last four were completed, as the number of new codes became significantly less at this stage.

Phase 3. Once I had coded the data set, the third phase of data analysis began. In this phase, the researcher searches for themes (Clarke & Braun, 2013). In the early phases of the coding process codes were grouped together to form code groups. The code groups were for personal structure in the coding process. Once the coding process had been completed, the codes were reviewed to form themes that were broader, combining different codes (Clarke & Braun, 2013).

Braun and Clarke (2006) suggest the use of visual representation to aid this step. There are many visual representations that can be used. For this research, mind-maps were used to group similar codes together. Once the codes had been grouped into different groups, they were assigned an overall theme per group. Braun and Clarke (2006) further suggest looking out for an overall theme that may emerge at this point in the data analysis, and a broader theme did indeed emerge.

Phase 4. Moving to phase four, all the themes had already been identified and mapped out by means of a digital mind-map. The purpose of this phase was to review all the themes that had been constructed. The review process had to ensure that the themes truly capture the meaning of the data (Braun & Clarke, 2012). Braun and Clarke (2006) emphasise that themes should be clearly identifiable and that there should be distinctions between different themes. During the initial review of the themes, it was clear that some of the themes were too broad, not being clearly defined and including common information that was not necessarily important. Moving forward, themes were split, and some were renamed to ensure

that the themes clearly represent what the data were portraying (Braun & Clarke, 2006; Braun & Clarke, 2012). The themes that were generated from the data set represented a response pattern that captured important information about the research question. When choosing a theme, researcher judgement is necessary and rigidity in approach is beneficial (Braun & Clarke, 2006).

Phase 5. After all the themes had been refined, the fifth step is to define and name the themes (Clarke & Braun, 2013). Defining and naming the themes is an important process. At this stage, each theme should have its own story that fits into the bigger narrative of the data and what the research is trying to communicate. Each theme should have subthemes, speaking to the different aspects of that theme (Braun & Clarke, 2006).

During this process, I defined each theme carefully. An interesting aspect was that a number of the initial themes became subthemes. For example, 'Demands placed on facilitators and the challenges they experienced' became a subtheme when initially it was two prospective themes. This process was also done by constructing a mind-map. Each theme was divided into subthemes with the relevant quotations associated with each.

Phase 6. The last phase in this process is to present the analysed data in writing (Clarke & Braun, 2013). The purpose of this is to present to the reader with the complete story of the data. The final written product should be clear and concise, displaying without complexity the analytic narrative of the data as it relates to the research question (Braun & Clarke, 2006). The written aspect of this phase was completed carefully and enthusiastically, displaying the story that the data told. The analysis procedure was data-led, allowing the data to lead the writing process as well. I aimed to create a holistic narrative to aid understanding of the experiences of learning facilitators in the Western Cape who work with children diagnosed with ASD.

4.3.Trustworthiness

Trustworthiness refers to confidence in the interpretation of the data and the methods used in the process (Connelly, 2016). Positivist researchers often question whether qualitative research is trustworthy (Shenton, 2004). The reason for this distrust is a need for validity, reliability and objectivity, which are terms used to evaluate research found in positivist research paradigms (Shenton, 2004; Zhang & Wildemuth, 2017). However, qualitative research differs from the traditional positive approach, particularly in the areas of research purpose, assumptions, and inferences (Zhang & Wildemuth, 2017). Due to this difference, other terms used to capture the 'validity' and 'reliability' of qualitative research. Qualitative reliability and validity occur through a process of assessing the trustworthiness of the research (Ritchie & Lewis, 2003) by looking at the following four areas: credibility, transferability, dependability and confirmability (Lincoln & Guba, 1982; Shenton, 2004).

Credibility. The concept of internal validity is replaced in qualitative research by credibility (Lincoln & Guba, 1982). Internal validity asks whether a test actually tested what it was intended to test. Credibility seeks truthfulness in the study method and the interpretation of findings and asks whether the results are consistent with reality (Connelly, 2016; Shenton, 2004). There are many ways to ensure credibility. Lincoln and Guba (1985) mention that prolonged engagement, persistent observation, triangulation, peer debriefing, negative case analysis, referential adequacy and member checks can be used to ensure credibility. Shenton (2004) adds that well established research methods and frequent debriefing sessions also contribute to establishing credibility.

The credibility of this research is established firstly by prolonged engagement. As part of the research process I became familiar with the settings in which the participants worked. I conducted the interviews myself and was therefore present for all parts of the process. Throughout the interviews participants also gave examples of their situations, supporting

their statements (Korstjens & Moser, 2018). Secondly, credibility can be found in the use of an established research method. Before the data collection started, the questions for the interviews were developed in such a way that it would elicit information that would have theoretical underpinnings. The data analysis procedure, a well-known and well-established procedure, was followed step by step (Shenton, 2004), with the inclusion of supervision in between for guidance throughout the process.

Transferability. For the positivist researcher, external validity looks at whether the findings are generalisable by means of statistical analysis (Connelly, 2016; Shenton, 2004; Lincoln & Guba, 1985). In naturalist research, generalisability is not possible, but transferability allows other researchers to make use of the process in order to apply it to their own setting (Nowell et al., 2017; Lincoln & Guba, 1985). In this process, the researcher should make use of 'thick description.' In thick description, the researcher documents the widest possible range of information on the process (Lincoln & Guba, 1985) and includes the context, experiences and behaviours so that the research becomes meaningful to someone on the outside of the research (Korstjens & Moser, 2018). This chapter presents a clearly defined process to show how this research was conducted, including details on the different aspects and context. It is important to consider here that people are ever-changing, and environments also change as people change. This research called for a specific environment and people were interviewed for the data to be captured. The exact replication of this research may not be possible due to the ever-changing environments and people. However, the design of the research is set up to be replicated.

Dependability. Dependability states that the study should be repeatable with similar results should the study be repeated in the same conditions (Shenton, 2004). In order for this to be possible, the researcher should document the research process in a clear and logical manner so that other researchers are able to follow the process (Nowell et al., 2017). Lincoln and Guba (1985) emphasise that dependability and credibility are inextricably linked, implying that the demonstration of credibility should achieve dependability. Although people change and environments change, the same results should emerge if the process is followed in the same environment. As credibility and dependability are linked, the credibility of this research should lead to the dependability.

Confirmability. According to Lincoln and Guba (1985), confirmability is established when credibility, transferability and dependability have all been achieved. To ensure conformability, there should be transparency in the steps taken throughout the research process, reporting everything from the start of the project, through the developments, and ending off with the findings (Korstjens & Moser, 2018). An important step in this process is the maintenance of an audit trail (Lincoln & Guba, 1985). In an audit trail the researcher keeps detailed notes on the process, and this is often reviewed by a colleague (Connell, 2016; Lincoln & Guba, 1985). Nowell et al. (2017) mention the inclusion of reasons for theoretical, methodological and analytics choices throughout the study. This will allow others to better understand the study.

The research process was clearly outlined throughout this chapter. I have described the processes and the reasons for these processes with each step. Given this transparency, another researcher should be able to come to the same conclusions, should the researcher have access to the raw data (Nowell et al., 2017). The auditing process included engaging with my supervisor regularly to ensure accuracy, specifically before the data collection process and in finalising the methodology.

4.4.Reflexivity

Another element that is central to the audit trail is reflexivity (Nowell et al., 2017). In this section on reflexivity, I expose my thoughts throughout the research process by explaining excerpts from the diary that I kept throughout the process. Due to the qualitative nature of this research, my hope is that authenticity will reveal the depth of the meaning of the phenomena researched and increase the understanding of the reader. Reflexivity is also key in attaining objectivity and neutrality in the research process (Ritchie & Lewis, 2003).

Before starting this research process, it was important to me to make sure that I do not fall victim to bias. Having had previous experience as a learning facilitator, I entered the process understanding that I had to remain as objective as possible, especially during the interview process. Throughout the interview process I paid careful attention to remaining teachable and receptive to others, especially my supervisor. We met regularly to process my thoughts on the interview process. We emphasised neutrality in the process. During the first interview it became apparent to me that interviewing requires a different skill set to that of counselling. Having had experience in counselling, I had to make a clear distinction between counselling participants and interviewing them. This was an enjoyable process for me as I learned different skills and had the opportunity to further practice them.

Throughout the interview process, I did relate to the experiences of some more than others. I did find that this was not a barrier as I was invested in understanding the experiences of all the participants. I had previously been acquainted with some of the participants due to working in similar environments, but the basis of the relationship was professional and not personal, eliminating bias. When moving towards writing up the data, I had to be conscious of not portraying only the negative experiences of the facilitators. Although the role may be challenging, many facilitators had good experiences and those experiences are equally important. One thing that I did find challenging was that throughout the interviews, the

participants would divert to speaking about the child who they were helping and how the child experienced the environment. The probing questions were often aimed at engaging with the experience of the facilitator and how they personally related to their role and environment.

With regard to the interview questions themselves, I noticed after the third interview that some of the questions were phrased in a way that was difficult to understand and to answer. I rethought ways of asking the questions to the rest of the participants. Another practical difficulty was the questions about daily tasks and the facilitator role. During the data analysis process, I decided that these two sections are similar. Many of the answers of the participants overlapped. Although daily tasks seemed slightly more practical, the role of the learning facilitator is practical in itself.

The field of psychological research is relatively new to me. Previous experience in research consisted of thematic analysis based on text. There was no personal interaction, as it was a psychobiographical study. The research procedure for this study, more specifically the ethical clearance procedures and data collection process, was challenging initially. The waiting period before the data collection could begin and the challenges with identifying participants was discouraging at first. In the face of those challenges and many personal challenges, including my laptop breaking, among others, I learned that perseverance and self-discipline are key to completing long-term work. Living in a world where so many distractions are available, it is important to prioritise and set boundaries. My supervisor played an important role in helping me detangle my thoughts when I struggled to bring ideas together. This helped me shift my focus from achieving perfection to learning and growing through the process, engaging with all aspects of the research and reating a final product that is not a regurgitation of information, but a true analysis of experiences.

4.5.Ethical Considerations

I received approval to conduct this study from REC: Humanities on the 24th of June 2019 (Appendix E – PSY-2019-9547). The REC approved the study as a low-risk study, concluding that the content to be raised in the interviews would not cause more harm or discomfort than what would ordinarily be encountered in daily life. Therefore, no measures were needed to be in place concerning the potential harm that could be caused due to interview questions. Once I received approval, data collection started. Before the interview process started, the participants signed an informed consent form. The informed consent contained information on what the study was about and how the data would be used (Ritchie & Lewis, 2003). The participants were given information on the procedures before the process. They were informed that the interview process was entirely voluntary. They could choose not to answer a question and/or withdraw from the research at any time, with no consequences. All the participants participated fully.

Confidentiality was ensured by using participant numbers (e.g. 001, 002, 003 etc). Participants were informed that all information from the interviews will only be available to my supervisor and I. I was the only interviewer for this study. All participants received a R50 voucher as a token of appreciation for their time and potential travel costs were reimbursed where necessary.

All the paper-based data collected during data collection are kept in the office of Dr Bronwyne Coetzee. The voice recordings were directly transferred to an electronic device, saved in numbered files, names removed, and encrypted. I transcribed all the data myself. It was important from the beginning to be as objective as possible throughout the data collection and interpretation process. Although complete objectivity can never be achieved, as we are subjective beings, some measures were put in place to ensure objectivity throughout the research process. I did not divulge personal information during the interviews

and I did not use leading questions. Probes, however, were used when participants gave vague answers, or to elaborate on points that the participants were making. The aim was to remain as neutral as possible as the interviewer and interpreter (Ritchie & Lewis, 2003). Supervision provided guidance and conversation about the research and thought processes. A diary was kept to document my thoughts throughout the process to ensure accuracy in reflexivity.

4.6.Conclusion

In this chapter I discussed the qualitative research design of this study and the semi-structured interview method used to gather the data. I gave a detailed description of the process of recruiting participants from two organisations and the use of purposive sampling to recruit additional participants. I elaborated on the process of data analysis, using the thematic analysis procedure to analyse the data. I additionally discussed the ways in which trustworthiness was ensured in this research and exposed my thoughts throughout the research process. I lastly mentioned the necessary ethical considerations pertaining to this study. Having established the motivation for this study, including the aims and objectives, the relevant literature, theoretical framework and research methodology, I now turn to the findings of this study.

CHAPTER 5

RESEARCH FINDINGS

5.1.Introduction

The aim of this study was to explore learning facilitators' experiences of working with children that have been diagnosed with ASD in a mainstream school setting. I achieved this aim by means of qualitative research using face-to-face semi-structured interviews. This chapter presents the results and the findings. I begin with an overview of participant characteristics, followed by the results of the thematic analysis.

5.2.Participant characteristics

As depicted in Table 5.1, 18 individuals (two males and 16 females) took part in this study. The ages of the learning facilitators ranged from 21 to 51 years (M=31; SD=7.8). Facilitators presented with various levels of education, since no specific educational background was required for participation. However, most facilitators studied in the field of education or psychology. Ten learning facilitators (56%) had completed a tertiary degree, of which six (33%) obtained a degree in psychology, five in education, and one in psychology with an added degree in education. Two facilitators had completed an Educare N6 certificate, which is a national certificate (diploma) qualification on caring for children when their parents or guardians are not there, and one facilitator had obtained a diploma in early childcare development. In total 16 (89%) learning facilitators reported starting a degree at a tertiary institution. However, not all those who had started their tertiary education had completed it. Furthermore, eight (44%) facilitators completed additional courses, of which five (28%) specifically related to autism.

Twelve (67%) facilitators stated they had received facilitation training, of which only five (28%) received training before they started facilitation. Furthermore, six facilitators (33%) did not receive any training. Training did not always occur before facilitation, but

often after the process had already started. Some facilitators stated that they learned through experience. There were facilitators who had received once-off training like workshops and other facilitators who received workshops as well as ongoing training in the form of observation or regular communication with a psychologist. The years of experience ranged from three months to ten years (M= 29 months; SD=, 29.2) and the grades of the children with whom they worked ranged from Grade R and Grade 7. Most learning facilitators (N=13, 72%) only worked with one child at a time, the remainder (N=5, 28%) had either one or two throughout their facilitation career.

Table 5.1: Participant Characteristics

Participant	**Age**	**Gender**	**Tertiary qualification**	**Additional course(s)**	**Facilitation training received**	**Years of experience**	**Grade(s) facilitated**	**Number of children at one time**
P001	23	M	Psychology Honours	None	During facilitation: two-day course and regular supervision	6 months	1	Term 1: 2 Term 2: 1
P002	24	F	Bachelor of Education	ADHD Dyslexia	After interview, during facilitation: two-day workshop	1 year 6mmonths	6	1
P003[1]	27	F	Bachelor of Education	None	Course at special needs school	3 months		2
P004[2]	30	F	Diploma in early childcare development. Incomplete BA Psychology.	Autism awareness. What is Autism spectrum disorders? Judith Gould foundation workshops. Bridges in social communication	None	9–10 years	Age 4–8	1
P005	31	F	Bachelor of Education (Bed)	Autism tutor training	None	2 years	1–2	1

[1] Participant did not mention in which grade the child was.

[2] Participant did not mention in which grade the child was in. Due to the age of the children, it can be assumed the children were in Grade R to Grade 4.

Participant	Age	Gender	Tertiary qualification	Additional course(s)	Facilitation training received	Years of experience	Grade(s) facilitated	Number of children at one time
P006	43	F	National Certificate N6 Educare	None	None	1 year 9 months	2-3	1
P007	51	F	Incomplete BA	None	After 1 year of facilitation: Course at Organisation	1 year 9 months	4-5	1
P008	30	F	Psychology Honours	None	Before and during: Course at Organisation and regular supervision	2 year 6 months	3-4	Year 1: 1 Year 2/3: 1
P009	38	F	None	1-year course (UNISA) Behavioural problems in children. 1-year course (Bergsigt) on early childhood development.	Workshop through Organisation. Continual training with behaviour consultant.	3 years	R-2	1
P010	21	F	Bachelor of Psychology	None	None	1 year	1,4	Sem 1: 2 Sem 2: 1
P011	34	F	Degree in psychological counselling. PGCE foundation phase.	None	Before and during: ASD training, briefly discussing facilitation	2 years 6 months	R-1	1
P012	25	M	Incomplete law degree	1-year course (UNISA)	Workshop before: Four-week course	Close to 4 years	R-3	1

Participant	Age	Gender	Tertiary qualification	Additional course(s)	Facilitation training received	Years of experience	Grade(s) facilitated	Number of children at one time
				Teaching children with autism				
P013	35	F	Honours Psychology (2019)	None	Before and during: Workshops including ABA therapy	Almost 1 year	2	1
P014	25	F	Bachelor of Psychology	Bereavement training	None	6 months	7	1
P015[3]	30	F	Beautician	None	Before and during: Three-day facilitation course and once per month training	¾ year		1
P016[4]	27	F	Bachelor of Education (Bed)	None	Before and during: One-week training and ongoing training	Almost 3 years		1
P017[5]	29	F	None	None	None	6 years	1-3	1
P018[6]	40	F	National Certificate Educare N6	Autism programme with an organisation.	None	See footnote	1-2	

[3] Participant makes mention of Grade 1 and Grade 2 in the interview, but is unclear whether those are the only grades she worked with.
[4] Participant was unclear about which Grade her student was in. From the interview it may be assumed that she was working with the foundation phase.
[5] Participant mentioned one student whom she had from Grade 1 to Grade 3. There was no mention of other students and their grades.
[6] Participant was unclear about experience in mainstream school, all the experience was not in mainstream schools. One student that was in a mainstream school for Grade 1 and Grade 2, but there was no mention to the other students from the mainstream environment.

5.3.Themes and subthemes

Overall, six themes and 19 subthemes were identified through the data analysis procedure. These six themes and their subthemes can be found in Table 5.2 below. I describe each of these different themes and subthemes by creating a narrative of the experiences of the learning facilitators. The discussion is augmented by supportive and anonymised quotes where appropriate.

Table 5.2: Results from the thematic analysis

Theme	Subthemes
Understanding the learning facilitator role and function	Conceptualising the role of the learning facilitator Perceptions of facilitation Expectations and boundaries
The importance of training	Experiences of training Opportunities for growth
The mainstream school environment	Demands placed on facilitators and the challenges they experienced How other children in the classroom react to the facilitation process Factors influencing the child's behaviour Achieving inclusivity
The importance of relationships	Relationship with the child being supported Relationship between the facilitator and the teacher Relationships between the facilitator and the parents Relating to school staff and other professionals
Support structure	Coping strategies of learning facilitators Support from the school related sources Support from professionals Support from non-professionals Ideal support structure
The uniqueness of child and learning facilitator position	Child-specific approach

5.4.Understanding the learning facilitator role and function

This theme captures the ways in which the learning facilitators conceptualised their role, the perceptions they believed others have about their role as learning facilitators and the expectations and boundaries they maintained as part of their role.

5.4.1. Conceptualising the role of the learning facilitator

Learning facilitators conceptualised their roles in various ways, mostly focussed on the needs of the child they were supporting. As such, learning facilitators explained that their role as facilitators was very much dependent on the specific child they were assisting. The facilitators explained that children with ASD required much individual attention and support, especially in a mainstream school. One learning facilitator stated:

> *A child on the spectrum needs a whole bunch of extra support and help as well and ja… if they're not getting it, it's really difficult (P005).*

Facilitators explained that their role as facilitators allowed them flexibility with respect to the way in which learning material is taught to the child in their care. They believed that mainstream learning approaches are inflexible and with their assistance, children with ASD benefitted as they enable the child to learn in a way that accommodates their needs. One facilitator reported:

> *I find like school settings are very like boxy, like you need to fit in the box, whereas facilitate and having a facilitator especially with these types of kids allows them to learn in a style which you can provide for them (P010).*

Facilitators stated that facilitation requires more than they initially expected. Some reported not knowing what facilitating was when they first began in this role. They had to spend time gathering information about the role from others. After some time of experiencing the role of learner facilitation (either after one month or a few years), the facilitators reported that facilitation encompassed more than merely assisting the child with their academic work in

their learning environment, which is what most initially anticipated the role to be. They learned that their role included academic, social, and emotional support throughout the school day. As one facilitator stated:

> *It's so much more, it's a, it's a, social emotional psychological support, it's not just supporting the child through learning it's, it's supporting the child's the whole child development the child as a whole (P004).*

Although facilitators reported being responsible for the holistic development of the child in the school environment, there were many practical responsibilities that the facilitators highlighted throughout the interviews. They regarded planning with the teachers regularly as an important aspect of their role, as this helped the facilitator to make the classroom setting, schedule, and academic work less intimidating for the child. Some facilitators were affiliated with organisations that required them to complete documentation bi-monthly or monthly, reporting different aspects of the child's behaviour and abilities as observed throughout each school day. Furthermore, facilitators drew attention to needing to contextualise for the child at school. One facilitator gave an example of what this meant and stated that the teacher asked the child to take out a book in class, but the child was confused because the teacher did not specify which book to take out. The facilitator helped to contextualise the request for the child by reminding the child that they were in a maths class and therefore the child had to take out the maths book. Facilitators are required to assist practically in the classroom. They regarded this as an important aspect of their role, as one facilitator stated:

> *You just stepping in when they need you and stepping out when they don't (P017).*

Additionally, facilitators mentioned helping the child navigate their way through school, helping to foresee problematic behaviour, and assisting the teacher. One facilitator said:

> *You are his GPS uhm.. helping to plan (P006)*

Another facilitator put it as follows:

I pick up on a lot of behaviour and a lot of things behind the scenes that I can flag to the teacher that they aren't aware of (P016).

Additionally, facilitators mentioned that managing the behaviour of the child often meant that their role was one of behavioural manager as well as assisting in the class. Facilitators reported:

Let's say something at home affected him and he comes to school his anxiety shoots up and it normally means I need to step in more than I would if his anxiety was low (P012).

It becomes a lot more about.. behavioural things than work (P005).

Furthermore, facilitators reported having to teach and re-teach concepts to the child they were supporting to make sure they understood what the teacher expected or the content being taught. As one facilitator pointed out:

We go back to the table afterwards and when the rest of the class is like either reading or or whatever then I will then double stitch what she's taught (P005).

Although facilitators assisted academically, they emphasised that their role was not to replace the teacher. Facilitators stated that the child they worked with would approach them with questions or a request for assistance with academic tasks before they would approach the teacher, which could be challenging as their role should remain supportive. One facilitator stated:

Sometimes he would actually come to me first before he would go to teacher so I had to role play and I had to.. uhm write a social story actually about that (P009).

Facilitators explained that the purpose of providing support was to help the child become as independent as possible. Furthermore, facilitators did not want to "baby" (P014) the children they were supporting. They wanted the child to try on their own without assistance to build resilience. One facilitator explained:

> *You're supporting to a point where the child can become independent and cope at school without you.. so that's.. the ultimate goal is for you not to be there anymore (P011).*

Facilitators also stated the importance of reinforcing good behaviour when the child does something well or achieves something that they have not previously achieved before. As one facilitator stated:

> *Good behaviour if you see okay he has done something great.. then you would go to him and tell him well done I see you have done this (P009)*

The facilitators emphasised their role as a supportive agent in the classroom and on the playground. The facilitators stated that they provided support for the child with social interactions, particularly in how they responded to peers (e.g. if they felt they were treated unfairly by their peers, how to respond appropriately). The extent to which the student was able to cope with social interactions determined the extent of the supervision required from the facilitator. Facilitators reported that some teachers did not want them on the playground, but soon realised this additional supervision on the playground was needed. One facilitator reported:

> *Sometimes just keeping an eye on him at break cause uhm he can.. easily just uhm just get frustrated some of the boys are a bit teasing uhm and them he doesn't respond well from it uhm and then there's this incident at school or something so just keeping an eye on him (P002).*

Additionally, they expressed that a part of their role was to create a safe environment for the child. As one facilitator stated:

> *I would like always recommend facilitation first before meds or anything else like that as well to help the child settle in and feel okay that there is someone there but not*

> *breathing down their neck more as like a ego shadow uhm ya it's a very fine line (P005).*

Facilitators also explained that their role entailed helping the child focus, especially when they became visibly emotionally drained. They reported that one of their main roles was to minimise anxiety in the school environment. For example, they would monitor when the child is feeling anxious and providing 'brain breaks' when necessary. Brain breaks can include, but is not limited to, going for walks, swinging, or deep pressure exercises. Facilitators would guide the process of minimising anxiety. Furthermore, facilitators emphasised that they have to leave space for the child to grow and learn to a place of independence. One facilitator mentioned:

> *We are very in the background uhm you don't want to have the child depend on you completely… You are a shadow or a fly against the wall you don't interfere with the teacher you don't stand up when she's busy (P008).*

Many facilitators narrated instances of going above and beyond what was required as part of their role. Going above and beyond role requirements was a positive experience for one facilitator, who admitted that when her extra input went unnoticed, it became a less positive experience. This facilitator explained:

> *I'm literally like director around there but it's fine for me maybe for other people it might be I know people like to have uhm.. they like to know what their job briefs are and they stick to that but I'm trying to go over and beyond and it's not.. it's not taxing.. because it actually it is appreciated I guess if it wasn't appreciated it would I would reach a burnout sooner or later but with that in mind I also get holidays so that helps a great deal (P016).*

5.4.2. Perceptions of facilitation

Facilitators reported that many people were involved in the facilitation process. However, they reported that not many understood the facilitation role. While facilitators reported working closely with the child and the teachers to create the best learning environment for the child, they also stated that school staff, parents and other professionals did not take their role as facilitators seriously. One facilitator stated:

> *There was a definite lack of understanding of what a facilitator was meant, meant to do… I think if there is a set guideline and a clear understanding what the role is of a facilitator it alleviates I would say eighty percent of the problem.. that and an understanding and also a little bit more knowledge on all parties involved (P007).*

Furthermore, facilitators said that teachers did not seem to understand their role as a facilitator or to fully understand ASD. The facilitators pointed out that the teachers' lack of understanding of their role was born from a lack of understanding of the child (i.e. a child with ASD) in their classroom. Facilitators explained that sometimes the priorities of the teachers would differ from the facilitator's priorities for that child. For example, one facilitator narrated that the teacher would be focussed solely on academic improvement, while the facilitator was instructed to focus more on social integration within the classroom environment. Facilitators stated that understanding their role as facilitators was dependent on knowing the child they were supporting. One facilitator pointed out:

> *Teachers who don't know ASD well I don't know if that's a term that you use uhm.. don't understand exactly… what is expected (P006).*

5.4.3. Expectations and boundaries

Many facilitators reported that they did not fully understand what facilitation would entail when they initially started facilitating. They did not know what was expected of them and

there were not enough resources available to them to assist them in this regard. Furthermore, many facilitators felt unprepared for their role. One facilitator admitted:

> *When you walk into the job uhm you nobody tells you this is what we want from you this is what you can do this is what you can't do you sort of just floating around there you you not really part of.. anything (P017).*

Some facilitators drew attention to teachers expecting more than what they as facilitators had been prepared for. Facilitators mentioned having to do tasks at the teacher's request, even when it was unrelated to the learning facilitation for the child they were supporting. The facilitators emphasised a need for clear boundaries and a good relationship with the teacher for a more positive facilitation experience. One facilitator stated:

> *I think if you are not aware of what the teacher wants it can become difficult uhm ya I think mostly it would be to just always stay respectful of the teachers rules and uhm what they would like you to do cause some teachers don't mind if if you loud and you help the other children (P003).*

Many facilitators reported experiencing high expectations from parents. For example, one facilitator mentioned that some parents expected facilitators to "fix" their child (P011). Facilitators admitted that managing expectations was challenging and expressed a need for clarifying the expectations of their role from the beginning. Indeed, facilitators suggested that it was important to determine clear boundaries and expectations together with parents and teachers right from the start in order to ease the facilitation process. Additionally, facilitators reported a need for setting boundaries in the relationships surrounding the inclusion of the child. The facilitators reported that setting boundaries in these relationships (e.g. relationships between the facilitator and the parents) helped to clarify the expectations of the facilitator and the best outcome for the child could be established. One facilitator explained:

> *It's what's best for them cause it what the teacher might say and what the parent might say is gonna clash and… where they remember mommy said this or teacher said that then what do they do there's a confusion within themselves as well so there has to be like clear set boundaries from the get go between parents and teachers (P014).*

One facilitator also referred to the importance of setting goals to establish a clear plan of goals and milestones for the child to follow and achieve. One facilitator with teaching experience stated that facilitators should be present in parent and teacher meetings and that the goals for the child should be discussed together. Another facilitator stated:

> *It's massively important that everybody works as a team and that the same goals and expectations are kept across the board.. so it's massively important (P012).*

The facilitators said that some schools had a school policy with respect to facilitation, whereas other schools did not have a facilitation policy. Facilitators reported that school policies aided in setting expectations and creating boundaries for the facilitative role. As one facilitator stated:

> *I think it takes away the uncertainty of knowing where you stand uhm but ya I think it's important from the schools side to do that contract for the facilitators (P003).*

5.5.The importance of training

As seen in Table 5.1, there was great variation in the training facilitators received. In this section, I first discuss the training facilitators received or did not receive. I further discuss how facilitation training could be improved.

5.5.1. Training received

Twelve facilitators reported that they received facilitation training at some point before or during their facilitation career, whereas six facilitators reported receiving no training. The training facilitators reported receiving more theoretical training concerning the ASD, while

others reported receiving practical training. They reported that practical training included how to handle certain situations in the classroom (e.g. how to facilitate group work and/or how to facilitate a meltdown), how to prompt the child to elicit responses, and environment-based training, which entails providing the facilitator with training on how to use the resources available to them in a specific environment. As one facilitator stated:

> *I think it was more environment, environment-based cause it was based on the school with the the space they provide the resources they provide it's not like a general training (P010).*

Additionally, facilitators reported receiving training on the facilitator-child relationship and understanding the child with ASD mentality, more specifically how to assist children with ASD in the classroom environment from a more psychological perspective. One facilitator reported as follows:

> *He trained me in is to basically work from that understanding that it's not that they are impaired so much it's more that uhm.. they think differently so he trained me in how to sort of bridge that gap between the two if I can put it that way.. so basically to bring the two worlds from neurotypical to spectrum together and make us able to communicate even though there is a bit of a struggle between that (P012).*

Facilitators who had previous exposure to ASD or received ongoing training, expressed feeling more equipped and capable of facilitating and feeling supported. One facilitator reported:

> *I had really nice people working with uhm so I never had problems where I felt that I was incompetent or that I didn't have enough training or uhm you know that I struggled with something that I felt that I needed help with or anything so I think that the the the training was definitely uhm sufficient in that sense (P008).*

5.5.2. Areas of growth in training

Many facilitators expressed that the training they had received was insufficient. Facilitators who had received training identified areas in which they could have received more training and those who had no training mentioned areas in which they would have liked training. Many facilitators stated that they would have liked more formal training, rather than purely learning through experience. Some mentioned that practical training would have been helpful. The training facilitators requested included techniques that could be used in the classroom, how to prepare others in the close environment (for example, their classmates), how to handle the classroom environment with other children, practical videos of facilitation in progress, and where to find resources for facilitators. One facilitator expressed wanting training in:

> *All the specific techniques uhm like they touch on.. oh social stories, but then I need to try and figure out what the social stories are for myself or the decompression exercises (P001).*

Facilitators who advocated for training, however, acknowledged that due to the nature and diversity of ASD, no training would be sufficient. Facilitators reported:

> *You can do as much uhm educa like educating yourself on facilitation itself it's not gonna save you.. cause you dono with the type of scholar you working with.. ya that's the biggest thing educate yourself in the illnesses and diagnoses that they are (P014).*
>
> *No.. but I don't think any training would be sufficient because each child is individual and every individual has their own needs and I think it's up to the facilitator to interpret what those needs are over time but obviously it helps (P012).*

5.6.The mainstream school environment

This theme reports on the demands and challenges facilitators experienced in the mainstream school environment. Additionally, I discuss how other children in the classroom reacted to

the process of facilitation and having children with barriers to learning in the classroom. I furthermore provide examples of the suggestions facilitators made for achieving a better inclusive environment. Lastly, I discuss factors that influence the behaviour of the child in the school setting.

5.6.1. Demands placed on facilitators and the challenges they experienced

Facilitators reported experiencing demands such as being fully aware of the child and their needs throughout the entire school day, or having more than one child to support simultaneously. Furthermore, facilitators found the job of facilitation itself to be demanding and sometimes emotionally draining. However, there were also many demands on the child they were supporting. Facilitators pointed out that the children they supported needed their attention throughout the day. One facilitator stated:

> *I think it's also and like constantly being aware like I don't think there's a moment in the day where I ever switched off until I started driving home I was constantly almost like a little buzz feeder like red light cameras on like the whole time being aware (P010).*

Aside from the general pressures, some facilitators worked with two children simultaneously. They reported that supporting two children required more attention from them as each child needed help in different ways. One facilitator reported:

> *I did realise how much more attention and fine details I can pick up when it was just the one kid.. cause for example when it was two uhm and then one's on that edge of the playground and one's on that edge I'm like standing at the other furthest edge so that I can see both at the same time uhm and then you're obviously not really on top of all the minute little social stuff that's happening (P001).*

Facilitators reported that different aspects in the classroom or home environment could cause the child to become anxious. One such cause for anxiety is sensory stimulation overload,

which can occur when too many of the child's senses are being engaged in the classroom. Furthermore, facilitators drew attention to anxiety, which accumulated in the child over time. One facilitator stated that if something triggers the child's anxiety; it takes time to reduce that anxiety. They stated that this accumulation of anxiety could cause what others may interpret as naughty behaviour and/or meltdowns. One facilitator recounted:

> *He would have meltdowns and not understanding how to deal with that meltdown and the impact that it has on the fellow learners in the class it upsets the whole classroom and I think having using a facilitator correctly kind of minimises you're not going to get rid of but minimises the level of the meltdown maybe (P007).*

Facilitators reported that it was challenging to have many children with barriers to learning in one class, all with their own special needs, requiring much attention from the teacher. They pointed out that smaller classrooms are more conducive to learning for children with barriers to learning. Many facilitators expressed that teachers felt pressure in the classroom due to the amount of work they had to get through, especially with the CAPS curriculum. They could rarely focus on the emotions of the child, which the facilitators reported doing. One facilitator explained:

> *The teacher doesn't always have the time to focus that much on the emotions of the child because they have to get through the the work and school day (P003).*

Apart from the physical classroom, facilitators stated they were needed on the playground as well. Facilitators said that some children required constant attention, whereas others did not. One facilitator stated:

> *With the boy I had from grade one to grade three in grade one I would literally not keep my eyes off of him at playtime.. uhm by grade three I would sit in the classroom and if something happened he would call me or he will come in and talk to me or*

remove himself or.. I would just go out and check and so.. it depends on the child (P017).

During break times, facilitators reported using social therapy to instil certain social functioning skills. One facilitator reported:

Break time as well it was just quite different therapy it was social therapy so uhm learning social skills and the function underlining it (P008).

Despite the challenges and demands the facilitators mentioned, they also reported having solutions to many of the problems, or ideas that could improve the inclusion of their student. However, the facilitators said that they did not have the opportunity to advocate for the child. As facilitators they felt they knew what was needed in certain instances to bring change and a better learning environment for the child, but they did not feel the openness from the school to make changes or to hear their suggestions. As one facilitator reported:

I think in mainstream schools uhm.. there's still a lot of just stay in your lane.. stay in your lane and everything will be fine you know don't rustle the bushes don't try and advocate for change stay in your lane (P004).

Many of the facilitators reported being observed in the classroom by the organisations with which they were affiliated as part of the evaluation process of the facilitator. They felt frustration with teachers who would show more involvement with the child on such days than what they would on a normal day. Furthermore, the facilitators stated that if they had meetings regarding the changes that had to take place in the classroom for better inclusion for the child they supported, the changes that are discussed would often not be implemented by the teacher. Additionally, facilitators stated that assistance in class had to be kept to a minimum as to not disrupt the teacher and the rest of the class. As one facilitator stated:

> *You have to be very quiet when I spoke to the child it was done in a whisper otherwise you interrupt the other children and you have to be very very much aware that he's not the only child in the class the others have to work (P007).*

Facilitators further drew attention to the competitive nature of mainstream education, which was challenging for typically functioning children and children with ASD. As one facilitator stated:

> *In mainstream schools generally even if you don't have a diagnosis… scholars do struggle in general because they always competing (P014).*

Some facilitators mentioned that facilitation was a lonely job for them. One facilitator shared:

> *We realised we need me on the playground that is very much part of the job the job became again a lonely job it's a lonely that's one of the things you need to know before you get into the learning it's a lonely job alright it's a lonely job you need good relationships with anybody around you because it's a lonely job (P006).*

5.6.2. How other children in the classroom react to the facilitation process

One facilitator mentioned the importance of addressing the class before facilitation starts to clarify the role of the facilitator and discuss certain aspects of ASD. One facilitator related:

> *Before a child starts at a new school mainstream especially we would talk to the class and say to them listen this child is going to start and there's certain things that you guys might pick up and you need to understand he's going to have an adult a facilitator moving around with him uh and then if the kids have any questions or whatever (P018).*

The other children in the classroom and playground environment would have differing reactions to the child with ASD. Facilitators reported teasing, specifically among boys. One facilitator recounted:

> *He can.. easily just uhm just get frustrated some of the boys are a bit teasing* (P002).

However, overall, it seemed that the children in the class were very accepting of the children with ASD in the classroom, particularly in the lower grade classes. As one facilitator reported:

> *The children are super accepting of their peers that have like learning needs and are just super different uhm there's also this you can see some of them there's like this underlying annoyance with them and uhm children are obviously like honest and what you see is what you get uhm so there is.. sometimes it's like a moth to a flame with certain children and you know that you have to keep being the buffer between the child that is on the spectrum and the normal like neurotypical child uhm and other times it's so incredible to see how accepting they are uhm of each (P005).*

Some children were reported to be confused about having an adult in the class that was not a teacher. Facilitators sometimes felt that their attention was divided because other children in the class would seek their guidance rather than that of the teacher. One facilitator explained:

> *I know how to work with with uhm with the the learner one on one but most of the times the other learners also wants my attention and thing is I'm only there to to work with this one child so what do you do? (P009).*

Facilitators reported that the children in the class enjoyed interacting with them. They stated that some parents did not want them to engage with children in the class other than the child they were supporting. Facilitators stated that the relationship they maintained with the other children in the class was mostly professional. However, there was room for facilitators to interact, play and be serious when they needed to be. One facilitator explained:

> *Then again also always time to joke and play and whatever but the other kids like if so I have my own little desk and if I'm working with my kids they again setting firm boundaries from day one they know if I'm working with my kids you don't come and*

ask me you don't come and talk to me it's it's a no.. I'm not your go to person you (P017).

5.6.3. Factors influencing the child's behaviour

Facilitators reported that much of the difficulty that children with ASD face in the classroom is due to social challenges and challenges with learning styles. One facilitator reported:

When they put into an environment that's not their way of learning then they struggle with the emotional and social where if you can take that one stressor away it makes the rest of it easier like social engagement if the pressure's off the school work and of like putting so much effort into learning in their way in another person's way and being able to learn in their own way then it allows them more freedom to then engage with other people and not feel different (P010).

Facilitators stated that teachers influenced the behaviour of the child. One facilitator mentioned the importance of teachers reacting positively to children and acknowledging the effort that was made as well as praising children for trying and for good work. Facilitators reported that continuous negative commentary from the teacher could be damaging to the child. As one facilitator stated:

If a teacher reacts badly they set that child back months.. the child will finish work run to them and say look at my work and they'll say but that's wrong or that's untidy and then they lose their confidence and then they actually can't do the work anymore (P016).

Facilitators expressed that the home life of the child had a direct impact on the child during school the next day. The aspects of home life that were highlighted by facilitators as causing difficulty at school is unresolved conflict, miscommunication, unstable bedtime routines and the amount of sleep the child had. These aspects were reported be involved in the accumulation of anxiety within the child. For example, one facilitator said:

> *Obviously at home like whatever happened at home uhm because I think most of our kiddies are so anxious that uhm any small thing anything like a change in their routine.. uhm or a change in.. uhm their sleeping their sleep pattern or anything actually makes a huge difference uhm so ja whatevers happening at home or any routine that is different (P015).*

Moreover, many facilitators stated that diet plays an important role in the behaviour of the child. They expressed that children with ASD have food sensitivities, which could cause a lack of concentration. Other facilitators reported that all things should be considered as affecting the behaviour of the child. As one facilitator stated:

> *Everything.. uhm his routine firstly uhm if there's anything new that he perceives as a threat that happened you'll pretty much notice it in the classroom the next day.. obviously his daily life ag his his his home life has a massive influence on how he is at school or the reverse happened his school influences his home life uhm.. but ya everything has a massive influence on him (P012).*

5.6.4. Achieving inclusivity

Some facilitators had an understanding of what inclusive education entails. Others, however, did not know what inclusive education was. As one facilitator stated:

> *Inclusive education whoa I know that if I go to a school they gonna ask me that question as an interview question I would not know (P011).*

Facilitators reported that they could see the impact facilitation had in the life of the child and the successful inclusion of that child in mainstream school. They felt that the effectiveness of facilitation is often dependent on how they relate to the child they are assisting. This facilitator explained the benefits of having a good facilitator:

> *The children benefited so much that they are in such a good place academically socially and the children that were hindered by the facilitator not being able to do*

their job or being challenged you know those children never really gained as much you know because because a lot of it is is uhm relationship based (P004).

Facilitators made suggestions with respect to the inclusive education environment and what could be done to improve inclusivity in education. One facilitator suggested having a trained facilitator in school classrooms available to the children in need:

Something I always wondered is if uhm you were in an inclusive school for example a school like <school name> where there are maybe more than one chil_ child in a class that might need a facilitator if they couldn't possibly have trained facilitators… one facilitator per classroom to almost like the eh uhm.. the class assistant except it's more like the child assistant for the kids (P011).

Another facilitator suggested a school environment that includes other professionals that the child requires. For example, having the psychologist readily available at the school. As one facilitator stated:

Having therapy with a child for one hour every second week doesn't explain every single behaviour that happens in the classroom.. so for me with inclusive education there also needs to be inclusive therapy at school (P010).

Many facilitators suggested training for teachers in facilitation and in ASD. Training for teachers was suggested in many forms, including training through regular information sessions, seminars and workshops. One facilitator proposed:

I think if if the school could.. create a better better education for teachers themselves there could be more seminars and things so teachers could actually see what it's like and I also think that if more.. autistic adults who went through a mainstream environment could come and actually say what their experiences were like and what would be better for them then that would be helpful (P012).

5.7.The importance of relationships

The facilitators emphasised the importance of relationships throughout the data. The relationships formed during the inclusion process helped them to define their role and provided the facilitators with support. The section below discusses the different relationships that emerged as important, how they affected the facilitators and the importance of working together as a team to create the best learning environment for the child.

5.7.1. Relationship with the child being supported

Facilitators reported having a special relationship with the child they supported. They mentioned the importance of knowing the child, asking them daily how they are doing and investigating before the day starts whether anything could have affected them. They explained that their relationship with the child gave them insight into certain behaviours and triggers to behaviours. It also allowed them to foresee certain behaviours. The ability to notice triggers aided facilitators in navigating the school day, especially concerning their level of productivity and limitations. One facilitator mentioned:

> *You really need to know your child inside and out pick up on have they eaten anything that not on the diet because that will set the tone for the entire day has the child slept well haven't they I can see now immediately when she walks in class I know she woke up to early so I can go to the teacher and say look I can see it already (P016).*

However, maintaining a good relationship could be challenging as the child could become too dependent on the facilitator. As one facilitator stated:

> *It can be dangerous cause sometimes they can be too dependent on you but having a close relationship where they do trust you definitely helps (P011).*

Facilitators described their relationship with the child as integral to the process of facilitation. Facilitators also explained that this relationship often went through several phases. As one facilitator recounted:

> *There's always the beginning time the middle time and the end time the middle time is the best time that's when they think you the hero (laughing) ya uhm and it's really nice to build relationship but towards when it getting towards the end of the on a stage when getting towards the end if you think back they become so comfortable with you they really want to try their luck to manipulate you uhm disciplining starts getting a little more challenged in the beginning (P006).*

However, establishing the tone of the relationship was reported to sometimes be challenging. As one facilitator stated:

> *In the classroom itself it's sort of formal if I can put it that way it's professional uhm I'm there to help them and when we're doing academic work uhm and then obviously when it's more of a casual time and we joke around and tell each other stories and so ya it's it's I think I always think I have a good relationship with my kids but there is a fine balance between being buddy buddy.. because you're not there to be buddy buddy with the child you can't be their friend but you can always be friendly and have a relationship with the child (P017).*

Facilitators drew attention to the aspect of trust when building a relationship with the child. The facilitators pointed out that it took time for the child to trust them and feel comfortable with them, which made it difficult for a facilitator to be replaced. As one facilitator stated:

> *Each each child is different and everything that you do you need to adapt according to what works for them and that's why it's so difficult to get a new facilitator in someone else's uhm place (P013).*

5.7.2. Relationship between the facilitator and the teacher

Facilitators reported that the relationship between the facilitator and the teacher is vital for successful inclusion and a more positive work environment. One facilitator stated that

working with teachers who ask questions and approach facilitation as a collaboration are pleasant to work with. One facilitator elaborated:

> *It's probably one of the most important things that you need to get along with the teacher first of all understand their boundaries understand what they want in their classroom and what they don't want so it's important to always have a a talk with the teacher before you start with with the facilitation (P013).*

Some facilitators reported feeling uncomfortable, or as if they were intruding on the teacher in the classroom. Facilitators said that it was challenging when they did not get along with the teacher of their class. One facilitator reported:

> *It's sometimes it's hard being a facilitator in a classroom.. because sometimes it feels like they don't say it but it feels like you stepping on the teachers toes.. so uhm.. ya so you you have to choose your words you have to choose your words and you have to try.. not to be the teacher in the class (P009).*

Facilitators further stated the importance of the role of the teacher in a child's development. Furthermore, they conceded that teachers experience countless pressures, which could result in teachers focussing less on teaching and more on merely getting work done.

> *My experience when I was at school I fell in love with Latin and history and all of that because if the ability of the teacher in front of the classroom to make me fall in love today a lot of teachers are so driven that the bulk of the learning is don't from just reading the text book they can't be as interactive anymore and I'm talking maybe from the grade four upwards (P007).*

5.7.3. Relationship between the facilitator and the parents

Facilitators reported being funded by the parents and not by the school. Some facilitators reported that some parents could not afford to pay for their training, which sometimes

included sessions with a psychologist. Other facilitators reported being paid only when they had worked, which was less than they felt appropriate. As one facilitator explained:

> *It's ridiculous what parents want to pay and what basically they think the going rate is.. to pay someone who.. cause I mean when I started facilitating I obviously I earned peanuts but I feel like I I sort of I've proven myself I'm the second longest at that school (P017).*

Some facilitators reported having open relationships with the parents, feeling comfortable enough to contact the parents regarding the child throughout the school day. Other facilitators found that the parents were challenging to deal with. They stated that finding the balance of involvement from parents was challenging for one facilitator who worked with more than one child. Two facilitators stated:

> *The parents are always just their own (giggle) unique dynamic they can be as difficult as the kids at some point (P001).*
>
> *I have one group of parents that are so on board almost to the extreme and another group of parents that are so absent it's like fighting a losing battle pretty much so ya tryna find the balance between the two is really hard (P005).*

Many facilitators expressed the need for parents to communicate more and to form part of the working team to create the best learning environment for the child. Facilitators reported a desire for more communication from parents about the life of the child at home to better understand the child. One facilitator explained:

> *Talk to the parents and see what the day was like at home um before even coming to school cause that plays a huge role in the afternoon as well saying school was really intense there was a lot of expectation uhm you may have a few like outbursts at home this afternoon so it like almost prepares the mom in a way to like debrief and self-regulate and everything else that they need to at home (P005).*

Communication as a concept appeared often throughout the data. Many facilitators stated that there was a lack of communication in general in their working relationships, which caused difficulty in setting boundaries and working well together to create the best environment for the child. Communication was also seen as vital to managing expectations. One facilitator stated communication as being:

> *Incredibly important and I think that's where a large part of the problem is (P007).*

Furthermore, one facilitator expressed frustration with feeling like the communication channel between the parents and the teacher. They further stated that the teacher should have an open line of communication with the parents. One facilitator said:

> *Who should the teacher communicate to the facilitator or the parent so just make a note of that also that's an important piece of communication that's not communicated well because I become a middle man and I I don't always feel that's specifically okay sometimes the teachers do need to really actually phone the mom (P006).*

One facilitator suggested a communication book to aid the communication between the parents and the facilitator. For example, one facilitator reported:

> *We had like a communication book so throughout the days if I wasn't with him I would be writing down.. what happened so far so the parents could read it and it was really nice to keep that book cause at the end of the year you know to go through and see uhm so writing down a lot of observations there was (P011).*

5.7.4. Relating to school staff and other professionals

Each facilitator experienced their relationships with school staff members differently. This section discusses the relationship between facilitators and school staff members other than their main classroom teacher. Some facilitators expressed that relating to school staff depended on the extent to which the facilitators interacted with the staff. One facilitator mentioned that it was clear that some staff members were supportive of facilitation and others

were not. Facilitators generally expressed not feeling as if they were part of the staff team, others stated that they could have been included more, while another group removed themselves from personal relationships with staff members altogether. One facilitator stated:

> *I don't attend staff meetings and I don't so you… don't feel at all included in in in all of that stuff but I just ya you do there to do what you need to do and then you you leave (P002).*
>
> *It's really you are an outsider when you are a facilitator (P009).*

There were many facilitators that felt welcomed by the staff. One facilitator, no longer in the profession, stated the desire to return to facilitating. However, some facilitators felt unwelcome at the school:

> *Sho no I felt very uncomfortable.. at the end of the year I actually sent an email about how unwelcome like the one time I actually got kicked out of the staffroom and I was like but I'm staff I'm part of this I'm part of like a working force here.. uhm so.. I didn't feel welcome at all where this year I feel very welcome like I'm even in welcome to the staff part at the end of the year (P010).*

The learning facilitators also expressed that some staff members did not understand ASD and therefore did not want to engage in challenging situations (e.g. challenges on the playground). However, facilitators emphasised the importance of the staff members understanding ASD in order to fully support the learning facilitators in their role. One facilitator reported:

> *I know like people are afraid to engage in situations especially when they not fully aware of the child and situation and the behaviour (P010).*

Facilitators stated the importance of working as a multidisciplinary team. They reported a multidisciplinary team consisting typically of a clinical psychologist, occupational therapist and speech therapist. Facilitators proposed that everyone should understand the level of the child and their social emotional capacity. Facilitators additionally emphasised that each

person involved in the child's life is important, especially for inclusion to work well. The team of individuals would consist of the multidisciplinary team, the organisation training the facilitator (where necessary), the teacher, the facilitator, and the parents. They stressed the need for working together as a team with the intention that all parties involved agree about all aspects concerning the child. As facilitators stated:

> *You can't not have everyone on the same page cause then your system wouldn't work (P017).*
>
> *In the in the end of the day we want everybody to work together uhm if I do something and the parents do it differently at home and the teacher do it differently at school and you know ug it also sets them back quite easily they also get quite disruptive (P008).*

5.8.Support structure

As previously reported, facilitators faced various demands and challenges. In the sections below, I discuss some of the coping strategies facilitators used and their experiences of being supported in their role as facilitators.

5.8.1. Coping strategies of learning facilitators

Many facilitators admitted that they invested more emotionally than initially intended. Some facilitators mentioned how they coped. Coping measures included brief meetings with the psychologists, talking to friends and family, crying, monthly training, and debriefing with other facilitators. A few facilitators mentioned going home after their working day and having a cry, either alone or with their husband. Most of the facilitators mentioned needing someone to go to for support. A few also stated that facilitators should not take everything that is said personally. One facilitator reported:

> *Go home and moan my husband my husband's ear off uhm I think just work through it you actually just have to work through it and and one thing you have to realise as a*

facilitator a lots gonna be said to you and don't take it personally.. the other thing is you gotta learn to mask your own emotions (P007).

5.8.2. Support from school-related sources

Overall, there were facilitators who had a good support structure, as one facilitator stated:

I've always had nice a nice support… structure (P018).

However, some facilitators had little to no guidance and support, resulting in them creating their own support structure. Other facilitators reported not having support after facilitating for years. One facilitator stated:

I've seen facilitator come and go like shortcake because they feel that they not supported (P004).

Facilitators who did notice support further stated it was not as effective as it could be. As one facilitator reported:

I think the support that's there needs to be more effective.. and the people that are part of the support really need to want to be part of the support (P012).

Facilitators mentioned that teachers played an important role in support. Many facilitators reported that teachers did not provide the support they needed, especially concerning how to deal with ASD in the classroom. However, some facilitators stated that teachers supported them with contextualising for the child and preparing the child for the day. One facilitator reported:

Having the teachers support was also there were moments where I was like was I unreasonable or was the situation unreasonable just having somebody else who was also in the environment to reflect with I think that was also very helpful and to see we both also kind of on the same track also makes you feel better about it (P010).

Many facilitators expressed that the school did not support them sufficiently, especially regarding the policies on facilitation implemented in schools. Some facilitators stated that the

policies that were used protected the school and not the facilitator. One facilitator expressed not feeling supported:

> *I must say as a facilitator you don't feel that anyone has your back if I can put it like that it's like the parents the school try to keep the parents happy.. and that's the most important thing and then sometimes you feel like you will easily get thrown under bus.. because.. as long as the parents are happy (P017).*

5.8.3. Support from professionals

Facilitators mentioned receiving support from the organisation with which they were affiliated. They reported that these organisations could provide training, observations, feedback and/or counselling, depending on the organisation. Some facilitators received observations in the classroom to assist them in their role. One facilitator reported:

> *Sometimes there's things that you might oversee or overlook and it also helps me when <behavioural consultant name> came to observe in class.. so that there's some sometimes there's things uhm that I wouldn't notice or wouldn't see (P009).*

Other professionals that formed part of the support structure were psychologists, behavioural therapists, speech therapists and occupational therapists. Most of the facilitators who were in communication with the psychologist of the child felt supported by them. They expressed having the liberty to contact then when needed. One facilitator stated:

> *<psychologist name> also said I could call him any time which is great so I think he's he also is there if I if I need (P002).*

Facilitators reported that using the information from different therapists together was helpful. One facilitator mentioned feeling lonely in her job, but feeling supported by therapists:

> *It's a lonely job you need good relationships with anybody around you because it's a lonely job so my best friends were the OT's and the speech therapists because they were the people who actually on a one on one base actually understood this child on a*

different level than everybody else.. good relationship with the parents and with teachers (P006).

5.8.4. Non-professional support

There were many different means of support outside of the school environment. Some facilitators received support from their own families, significant others, and religious affiliations, but the most prominent was the support from the family of the child. Some parents could afford to provide more support for the facilitator than others. One facilitator reported:

The family I worked with was like ya I couldn't ask for a better family they were supportive and always like open to anything that I needed or that I needed to do for them and always considerate uhm but a lot of the other facilitators that I spoke to families were not at all like that they ya sort of didn't wanna pay them the amount that they were asking for or ya a lot less (P003).

5.8.5. Ideal support structure

Some facilitators mentioned that part of their ideal support structure would include having one designated individual that is available for facilitators throughout the school day. As one facilitator stated:

I feel it would need to be someone who is that solid go to uhm.. ya.. that in house support that you can quickly go to on a tough day (P001).

Facilitators expressed a desire for openness and honesty, especially with teachers. They suggested having more regular meetings, with all individuals involved in the facilitation process (parents, teachers, professionals) to evaluate which aspects of facilitation worked or did not work and to establish a common goal moving forward. As one facilitator stated:

> *Definitely for facilitators to be supported uhm once a week there has to be some type of meeting uhm at the school with to know that you also backed like to know that whatever you doing is okay and you on the right track (P005).*

Facilitators expressed the wish for other professionals to be more involved in the school environment. One facilitator reported:

> *Just the support from the school for the facilitator as well if it's going to be inclusive it needs to be full on understanding and supporting and helping and a team effort it's not like the facilitator and the child is on the side you just help him and then I'll do the rest of the class (P004).*

Facilitators who felt supported reported spending time with other facilitators, either at break time or in weekly/monthly meetings. They stated that being able to communicate with other facilitators, express their concerns, exchange ideas and apply advice from others to their situation made them feel supported. Facilitators who did not have support from other facilitators expressed a desire for support groups. As one facilitator stated:

> *Having like uhm support groups facilitator support groups I've I've I've always you know there's parents support groups there's the uhm teacher support groups there's no facilitator support groups (P004).*

5.9.The uniqueness of child and facilitator position

One aspect that the facilitators reported on consistently throughout the interviews is that each child diagnosed with ASD is unique. Furthermore, facilitators expressed that each inclusive process, including each facilitator, should be considered as unique and tailored to the specific needs of the child.

5.9.1. Child-specific approach

Almost all the participants emphasised the importance of knowing that each child is different and that approaches should be individually tailored. One facilitator acknowledged that ASD

is a broad spectrum and each child is unique. Another facilitator stated that facilitators cannot always know what would be expected of them because each child is different the expectations would be guided by the needs of the child. A few facilitators stated that facilitation should be tailored to the needs of the child. One facilitator gave examples of dealing with anxiety in different children:

> *If anxiety flares us you would uhm try to calm them again by very child-based uhm you could just remove take to the toilet maybe let them sit there for two minutes or whatever uhm others you had to let them bounce on one of these gym balls uhm just to get some of the energy out otherwise you had to stick to the trampoline so it's very child based (P008).*

5.10. Summary of research findings

From the research findings, it is clear that there is no single definition for the role of the facilitator. Rather, the facilitator role consists of many different aspects that are dependent on the needs of the child. Furthermore, there are some misconceptions of what inclusive education entails and the purpose of facilitators in classrooms. Without having clear guidelines for the tasks that facilitators should be performing, there are often expectations from facilitators beyond what they deem to be capable of performing. Consequently, the facilitators expressed a need to have set boundaries. The data further revealed that there is no specific form of facilitation training. Facilitators who did receive training expressed that there is a need for additional and/or ongoing training. Facilitators expressed an additional need for training for teachers in the areas of ASD and facilitation. There are many key role players that form part of the facilitation process. The findings reveal that the relationship between the facilitator and the key role players is vital for the successful inclusion of children with ASD in the mainstream school environment. Furthermore, many of the key role players provide support for learning facilitators. Some facilitators reported that although the support

structures are set in place, they are not functioning as they should to support the facilitators efficiently and effectively. Ideally, facilitators would prefer a more effective support structure in their direct mainstream environment.

CHAPTER 6

DISCUSSION AND CONCLUSION

This research study explored the experiences of learning facilitators working in mainstream schools with children that have been diagnosed with ASD. To my knowledge, this is the first study in South Africa that has explored the experiences of learning facilitators, specifically those working with children that have been diagnosed with ASD in mainstream schools. The study explored the conceptualisation of their role, training, the mainstream school environment, the importance of relationships and support structures. Consistent with understanding human development through the EST, facilitators grew in their role as facilitators through experience, both in their immediate environments with the child at work and with regard to how they understood their own experiences, considering all the other factors that played a role in how their role was formed (Bronfenbrenner, 2005).

The general experiences of the facilitators varied, with some facilitators experiencing facilitation as positive and choosing to continue a career in facilitation. However, other facilitators experienced many demands and challenges as part of their role. Indeed, learning facilitators expressed that their actual roles demanded much more from them than what they originally anticipated. The findings suggest that there is no *one size fits all* when it comes to learning facilitation for children with ASD in mainstream schools, as each child has unique requirements that ask of facilitators to be flexible and adaptable in their roles. There were many factors that affected the general experience of facilitators, expressed throughout all the themes in the data. The facilitators were asked whether they had any training and what training they had to understand the training facilitators commonly have. Furthermore, the facilitators were faced with many demands and challenges. The way they coped with and managed the demands and challenges was often through the support structures they created individually or that had been provided for them by the key role players involved in the

inclusion process. I structure the discussion by taking a theme by theme approach to the findings. As such, I discuss the findings per theme and in the context of the extant literature and draw on theory where necessary. At the end of this chapter, I provide a conclusion to draw the findings together.

6.1.Understanding the learning facilitator role and function

The role of a learning facilitator consists of a variety of different tasks tailored to the child. For this reason, it would not be possible to have one universal definition for the role of a learning facilitator. However, there are aspects of the facilitator role that are prominent across different contexts. Additionally, facilitators often perceive their roles differently to the key role players in the inclusive education process (e.g. teachers). As both the key role players and learning facilitators found it difficult to define the facilitator role, managing expectations and setting boundaries could become challenging for some facilitators.

The facilitators in this study confirmed that there is no single definition for learning facilitators. Rather, the role of an ASD facilitator is comprised of a variety of aspects (Bergstedt, 2015; Roberts, 2007). Consistent with the literature, the facilitators in this study stated that their role as a facilitator is supportive in nature (Bergstedt, 2015; Groom & Rose, 2005; Hammett & Burton, 2005; Lacey, 2001). According to Roberts (2007), the supportive role of the facilitator consisted of providing comfort and relief to the child where needed. Similarly, the facilitators in this study mentioned providing a safe environment for the child at school. Furthermore, both Roberts (2007) and the facilitators in this study stated the importance of positively reinforcing good behaviours or achievements, as the reinforcement aids in the child's sense of accomplishment.

According to the literature and the facilitators in this study, learning facilitators usually assist a child in a mainstream classroom on a one-to-one basis, and occasionally a facilitator may be assigned more than one child (Bergstedt, 2015; Groom & Rose, 2005;

Hammett & Burton, 2005; Lacey, 2001; Maher & Vickerman, 2018; Roberts, 2007). However, from the literature and data collected, it became evident that learning facilitators help with more than merely learning (academic facilitation), they assist in the whole development of the child, encompassing social, emotional, and academic functioning in the school environment. In facilitating the social, emotional and academic aspects of the child at school, facilitators in this study mentioned many practical tasks they engaged in, for example redirecting the child's attention when they struggle to focus. Additionally, they reported the need to often re-teach concepts that the teacher taught the class, depending on how much the child was able to engage during that initial teaching time. In agreement with the literature, facilitators in this study expressed that their role as a facilitator should not replace the role of the teacher (Groom & Rose, 2005; Hammett & Burton, 2005), emphasising the supportive nature of their role.

As part of classroom assistance and in keeping with the literature, facilitators reported that the children they support in the classroom struggled with anxiety, which often caused hindrances to their learning and social interactions at school (Rodgers et al., 2012; Wood & Gadow, 2010). As part of their role the facilitators had to constantly monitor this anxiety and where possible, alleviate the anxiety as best they could. Given that anxiety is a barrier for successful inclusion of children with ASD in mainstream schools (Wood & Garbow, 2010), as per the facilitator role, it become the responsibility of the facilitator to know what would cause anxiety for the child and to alleviate it. Studies show that 40% to 48% of children with ASD have co-morbid anxiety disorders or experience anxiety symptoms respectively (Llanes et al., 2018; Van Steensel et al., 2011). These anxiety behaviours, often internalised by children with ASD, may be unnoticed by teachers, as teachers are not accustomed to recognising internalised anxiety (Llanes et al., 2018). Although anxiety specifically is not considered part of the diagnosis for ASD (APA, 2013a), there is significant evidence to

suggest that many children with ASD experience anxiety (Llanes et al., 2018; Rodgers et al., 2011; Van Steensel et al., 2011). Facilitators in this study regularly referred to the child accumulating anxiety over time, which would cause a meltdown at school if the triggers to the anxiety were not monitored and managed by the ASD facilitator. As stated by the facilitators in this study, ASD meltdown are often be seen by others (e.g. the teacher) as bad behaviour when in fact, this behaviour is often a consequence of the accumulation of anxiety. As the child being facilitated forms part of the direct environment of the learning facilitator (Bronfenbrenner, 1977), the characteristics or temperament – in this case the anxiety the child may struggle with – directly affects the role of the facilitator (Bronfenbrenner, 2005). The facilitators in this study reported that when the child they supported became more anxious, their role became more about behavioural management than about facilitating learning in class.

In this study, the facilitators drew specific attention to the expectations from them from key role players, such as parents and teachers. Due to the interconnectedness of these themes, the types of expectations are later. However, it should be noted here that many facilitators felt that teachers and parents had high expectations of them. Additionally, the majority of the facilitators reported feeling unprepared for their roles. There seems to be a need for more clarification around the role of the facilitator and what that role entails. Many facilitators also stated that schools did not have policies regarding facilitation and suggested that school policies could assist in defining the role of the facilitator, consequently assisting with the aspect of the general preparedness of the facilitator, as well as setting clear expectations. Furthermore, training is an aspect to consider when preparing facilitators for their role.

6.2.The importance of training

All the facilitators in this study highlighted training for the role of facilitator as important. Although the facilitators in this study considered training to be important, it is clear from Table 5.1 that not all the facilitators did receive training to become facilitators. Furthermore, facilitators reported that the training that had been received was lacking. They reported a need for more training in practical areas, knowledge of ASD and how to understand the ASD mentality, different techniques available to use in the classroom and on the playground, managing ASD behaviour in class, as well as managing relationships. Importantly, the facilitators who received ongoing training on a more regular basis reported feeling more equipped for and supported in their role.

In the broader literature, as well as in this study, facilitators have expressed that there was a lack of training and need for training for the facilitator role (McConkey & Abbott, 2011; Riggs & Mueller, 2001; Watson et al., 2013). In the study done by McConkey and Abbott (2011) on meeting the needs of learning facilitators who provide support for children with various and complex special needs, 97% of the learning facilitators responded that they want further training. Consistent with this study, they reported a desire for training in the areas of ASD and acquiring practical skills. Furthermore, Table 5.1 in this study reveals that there are no exact educational requirements to become a learning facilitator, as the facilitators presented with various educational backgrounds. Consistent with the literature, the facilitators in this study desired to be trained, or trained more, on ASD (McConkey & Abbott, 2011). The facilitators in this study who did receive training, stated receiving training in theory regarding ASD, practical training on how to handle possible meltdowns or groupwork in the classroom, how to prompt the child to respond in class, as well as training on how to use available resources if resources were available. However, most of the facilitators did state that their training was insufficient and they requested more training in the following:

psychological theory regarding ASD, practical tips on facilitating in the classroom, advice on managing relationships, techniques that facilitators could use (e.g. social stories), question and answer training (training where ASD facilitators could have questions answered by professionals in the field or organisations they were affiliated with), information on available resources dealing with facilitation, both in theory and practice, and practical training.

Additionally, most of the facilitators in this study learned what their role entails through experience. Some facilitators highlighted that this was challenging as they would have preferred more formal training. Considering that individuals from different educational backgrounds could be trained as learning facilitators, this concept could be more earnestly considered for schools that offer mainstream education. As learning facilitating is becoming more prevalent in South African classrooms, formally training more individuals to facilitate in classrooms could be effective in promoting inclusive education as well as career opportunities for those who could not afford a more formal tertiary education. The facilitators did draw specific attention to the idea that no form of formal training could be sufficient because each child is so unique. Therefore, it may be helpful when considering training learning facilitators to provide a more consistent form of training that could be regularly adapted.

6.3.The mainstream school environment

The mainstream school environment is another integral part of understanding the experiences of learning facilitators, as this is the primary environment where the facilitators function (Bronfenbrenner, 1977). In the mainstream environment the facilitators were faced with many demands and challenges. Facilitators expressed having to pay attention to the child they supported throughout the entire school day and reported sometimes feeling emotionally drained or even lonely. Additionally, the facilitators had to be mindful of the other children in the class, managing interactions between themselves and the other children, as well as the

child with ASD and their classmates. The facilitators reported that there is a clear need for learning facilitators in classrooms, but for successful inclusion, changes to the mainstream environment are needed. Furthermore, there are many factors that influence the behaviour of the child during the school day, particularly their home life. These factors are important to consider as they affect the role of the facilitator.

It is evident from Landbrook (2009) and Roberts (2007) that teachers in South Africa already face a demanding classroom environment. Not only can South African classrooms reach up to full capacity at 60 students (Engelbrecht et al., 2017), but some of the students in the classrooms already present with behavioural problems and/or poor academic performance. Including children with barriers to learning (e.g. ASD) in an already demanding environment is challenging for teachers (Landbrook, 2009). The facilitators in this study and Roberts (2007) suggested that inclusive classrooms should consist of a smaller number of students. Spies (2013) reiterates that classroom sizes have increased since the passing of the inclusive education policy, resulting in teachers having difficulty managing their classrooms. Difficulty in classroom management created the need for facilitators in the classrooms, as learners with barriers to learning need additional support (D0E, 2010). However, it should be noted that the majority of the participants in this study were from more affluent communities, presenting in the fourth and fifth quintiles, as well as private schools, facilitating mostly in smaller classroom environments. Even in smaller classroom environments, the facilitators in this study emphasised the need for facilitation in the classrooms.

The facilitators in this study expressed having many demands placed on them as their attention was needed throughout the school day. Not only was their attention needed, but the facilitators expressed that they had to be fully aware at all times, often not receiving a break as teachers would. Furthermore, the facilitators in this study reported sometimes having to take care of more than one child simultaneously, which was challenging. Such divided

attention was reported by the facilitators as challenging because they felt they could not give their attention to more specific areas they felt needed attention. The facilitators stated that the constant need to be aware at all times in the classroom and on the playground, and not being able to switch off at points during the day could lead to them becoming emotionally drained and even lonely. However, there were some facilitators who reported having a less demanding school environment.

The diagnosis of ASD specifically takes into account social communication difficulties, which are present in multiple contexts (APA, 2013a). Consistent with the literature, the facilitators in this study stated that one of their biggest challenges was social integration and communication. Social integration could be particularly challenging during break times, when as reported by the facilitators in this study, the children (particularly boys) would often tease the children with ASD. Furthermore, a UK study revealed that teachers and parents are particularly concerned about the social integration of ASD children in mainstream schools because of the potential for bullying (Frederickson, 2004). In this study, there was clear evidence of bullying or teasing of children with ASD. However, the majority of the facilitators in this study reported that the classmates of the ASD child were very accepting of the child with ASD.

From this study, it is clear that the demands that were placed on the facilitator were dependent on the needs of the child. These needs could change daily, depending on other factors that influenced the behaviour of the child at school. The factor that the facilitators emphasised the most was the effect that the home life had on the child at school. Consistent with the findings from Ryan (2018) and Factor et al. (2016), the facilitators in this study reported that the smallest changes in routine or schedule creates difficulty for the child with ASD to manage their school environment. Therefore, again, promoting the need for learning facilitators who assist in this area (Ryan, 2018). Furthermore, the facilitators in this study

expressed their concerns about the way some teachers would react to children in the school environment, particularly those with ASD. One facilitator in this study struggled to build the child's confidence in maths for months due to a negative reaction from the teacher.

The facilitators in this study reported not having a clear understanding of the definition of inclusive education and what inclusivity would entail. Similarly, Engelbrecht et al. (2016) report that some South African schools are also not fully equipped with the knowledge of inclusive education and how it should be implemented. One key aspect in preparing for inclusivity, as raised by the literature and the facilitators in this study, is to prepare the students in the class for the ASD child coming into the mainstream environment (Eldar et al., 2010). Facilitators in this study faced challenges with other children in the classroom seeking guidance from them and not from the teacher, which they reported could also frustrate the teachers. In preparing the class beforehand, these aspects should be addressed.

As suggested by Dewey (1929), the school environment is important for a child's development of emotions, understanding and habit forming. For children with ASD to form part of a mainstream school environment and to partake in such development within the school community, the assistance of a learning facilitator is required (Engelbrecht et al., 2003). The learning facilitators in this study emphasised that good facilitation has many benefits for the child with ASD, including, but not limited to improvement in the areas of social integration and academic performance. However, the facilitators in this study expressed that they felt some teachers do not realise the importance of their role and this would cause hinderances in the interventions for the child.

The inclusive environment in mainstream schools can be demanding and challenging for both facilitators and teachers. One aspect to consider for inclusion, as mentioned by the facilitators in this study, it to potentially include a facilitator in each classroom at school. The

role of the facilitator in the classroom has proven to be effective, and considering the demanding environments teachers face, this might alleviate some of their anxiety around inclusive education (Lomofsky & Lazarus, 2001). Furthermore, facilitators in this study would like to be given more opportunity to implement their own solutions to the difficulties their child faces in the mainstream environment. Another suggestion from the facilitators to improve inclusivity it to incorporate more direct professional involvement by key role players in the school environment (e.g. psychologists and occupational therapists). Additionally, more training for teachers in the area of inclusive education and ASDs would be beneficial.

6.4. The importance of relationships

Many relationships are involved in the process of facilitation. As presented in the literature and by the findings in this study, the most important relationships are the relationship between the facilitator and the child and the relationship between the facilitator and the teacher. Furthermore, the parents of the child play a significant role in the function of the facilitator, as the learning facilitators are employed by the parents and not by the school. The relationships in the school environment, including all school staff members, had an impact on the acceptance facilitators felt in the mainstream environment. The importance of working together was emphasised throughout the data as well, with facilitators stressing the need for all key role players to work together for successful inclusion of the child with ASD in the classroom.

As expressed by Robertson et al. (2003) and the facilitators in this study, the facilitators and the child they support share a special relationship as the facilitator has intimate knowledge about the child. Although I could not find details pertaining to this relationship in the literature, the facilitators in this study were concerned that the child could become too dependent on them and wanted the child to become independent in the school environment. The facilitators in this study further stated that knowing the child well is

important and helps them to navigate the classroom environment, being able to recognise behaviour and triggers to those behaviours. Robertson et al. (2003) agrees that this knowledge and ability allows the facilitator to help the teacher in the classroom.

The facilitators in this study emphasised the importance of the relationship between the facilitator and the teacher, claiming it to be one of the most important relationships. A good relationship with the teacher resulted in a positive working environment for facilitators. Furthermore, as expressed in the literature and in this study, working as a team was deemed essential (Engelbrecht et al., 2006; Eldar et al., 2010). The facilitators in this study expressed a need for more regular communication and team meetings to establish goals and further discuss the inclusion process. Facilitators in this study clearly stated, in accordance with Eldar et al. (2010), that without all role players moving forward in the same direction, inclusion would not be as beneficial as it should, or it would not work at all.

Consistent with Giangreco and Doyle (2007), facilitators reported being funded by parents and not by the government. Parental funding was challenging for some facilitators in this study as they felt they were being paid less than they are worth. Internationally, inclusive education is an expensive process (Eldar, et al., 2010). Considering the South African government does not provide funds for learning facilitators, the financial implications for parents to employ learning facilitators for their children with ASD is challenging and this could prohibit children with ASD from forming part of the inclusive classroom should a learning facilitator be a pre-requisite for acceptance to that school.

Eldar et al. (2010) suggests that parental involvement is challenging in the inclusion process, as parents often become overly involved. The authors of the Edlar study suggest four types of parental involvement. Firstly, there were parents who were overly involved in the facilitation process. Secondly, some parents were “difficult.” Thirdly, a group of parents were supportive and could be contacted at any given time. Lastly, there were parents who lacked

involvement. The facilitators in this study expressed similar views. Some stated that they had communicative and positive relationships with the parents. Others reported the parents to be difficult and sometimes causing frustration. The facilitators expressed the need for the parents to communicate more with all role players involved in the facilitation process. Additionally, they expressed a desire for more communication in general.

It is evident that not one relationship surrounding the facilitator role functioned separately. As stated by Bronfenbrenner (1977), development is a process of growth, which occurs throughout all systems. The systems influence each other and therefore relate interchangeably. As expressed previously, there is a need for the education of both teachers and facilitators on what inclusive education and the role of the facilitator entails. Clarification in these areas may alleviate the feelings reported by the facilitators in this study. Providing more information may also assist in creating a more positive perception of facilitation, particularly for teachers who view inclusive education and facilitation in a negative light. The facilitators in this study that teachers who had experiences with children with barriers to learning without a facilitator present and thereafter with a facilitator, clearly noticed the positive effect of facilitation.

6.5. Support Structure

Many facilitators in this study reported feeling unsupported in their role. However, those who did receive support received support from various key role players as well as personal support from their families and friends. The support from the key role players included support from the school and school staff, the organisation with which they are affiliated and other professionals (e.g. psychologists).

Research suggests that there is a general lack of support and a lack of resources for inclusive education (Donohue & Bornman, 2014). As stated by Engelbrecht et al. (2006), some South African schools have not prepared the teachers for inclusive education, and no

training has been provided. Furthermore, ASD facilitators are employed by parents and not provided for by the schools, leaving a large portion of the ASD school population without facilitators. The research further reveals much about the supportive role of the facilitator, (Hammett & Burton, 2005; Lacey, 2001) but rarely speaks of the support the facilitator may need or want. From this study, it is clear that facilitators had different experiences regarding sources of support and perceptions of the need for support. There were facilitators that felt fully supported, but the majority of facilitators felt unsupported throughout their facilitation process. Facilitators acknowledged that the schools where they work have the ability to provide the support they needed (for example, a learning support unit), but it was not functioning as effectively as it could.

The facilitators who had good relationships with the teachers stated that the support from the teacher helped, especially in objectively analysing challenging situations. Regarding the support in the wider school environment, although some facilitators felt supported, many stated that they were not supported by the school. This was particularly difficult for some facilitators as they felt they could not advocate for the child they were facilitating. The facilitators expressed that their main sources of support did not come from their direct environment, but rather from the organisation with which they are affiliated and from the support structures they created for themselves, especially those at home.

Facilitators coped with the demands and challenges of the profession in various ways. Although this was not addressed extensively in this research or in the literature, facilitators drew attention to the need for better support and coping strategies. It is clear that the role of the learning facilitator is multifaceted and includes many aspects that can cause emotional and psychological strain for the facilitators. Learning facilitators are not necessarily equipped to handle the pressures associated with their role. Considering that the facilitators who had a more positive experience had better training and communicated with the organisation that

trained them and other facilitators on a regular basis, a regular counselling or debriefing opportunity would assist facilitators in managing the psychological and emotional strain that facilitation may cause. Furthermore, facilitator support groups would be beneficial for facilitators to share ideas, communicate struggles and plan interventions with the assistance of others who may be facing similar challenges.

6.6. The Uniqueness of child and facilitator position

The importance of considering each child as unique with their own set of needs was prominent throughout the data, particularly that the facilitation process should be individually tailored to the needs of the child. ASD is a broad spectrum that often presents with other diagnoses (APA, 2013a; Gillberg, 2010), creating a range of needs that are specific to that child. Due to the unique presentation of each autism, facilitators emphasise that any specific training would not even be sufficient because each child's intervention would have to be personally tailored. As stated by Gillberg (2010), an accurate diagnosis is essential to developing an effective intervention plan. Facilitation is a process that should be monitored and should develop and adjust to the inclusive environment, but also as the ASD facilitator grows in their role as an ASD facilitator.

6.7. Limitations and recommendations

There were several limitations to this study. Firstly, the sample of participants are not representative of facilitators in the wider South African context. The sample consisted of facilitators in more affluent communities and schools in quintile four and five with smaller classrooms. Future research should include a sample or possibly a comparison of samples from both affluent and underprivileged communities.

Secondly, there is little research available on facilitation in South Africa in both affluent and underprivileged communities. Considering that South Africa has moved to an

inclusive education system and the need for additional assistance in classrooms has been established, more research would be beneficial to improve the inclusive education system. Thirdly, this research was based on facilitators who support children in primary school (Grade 1 to Grade 7). Facilitation for mainstream, to my knowledge, is present only at the primary school levels. Future research could include a comparison of children with ASD in high school who have had facilitation and those who have not. The purpose of this would be to examine whether facilitation in primary school was sufficient or whether it would be beneficial in high school as well.

Additionally, interviews were once-off, therefore leaving little room for sufficient rapport building. Building better rapport could assist in participants being more vulnerable about their experiences. Another possibility for future research would be to have focus group interviews with participants from various facilitation experiences. In this platform they could discuss and compare their experiences.

Furthermore, time did not allow for the data to be confirmed by the participants. Participant verification requires that the transcriptions and the themes that emerged from the thematic analysis are sent to the participants for authenticity and verification. Thus, for future research, this method should be applied to ensure the credibility of the research. However, credibility was ensured through familiarisation with the learning facilitators and the settings where they worked, as well as a sound research method.

6.8. Conclusion

In this research study, I aimed to explore the experiences of learning facilitators working in mainstream schools with children that have been diagnosed with ASD. My objectives in this research were to firstly explore learning facilitators' general experience of working and interacting with children diagnosed with ASD in a mainstream school setting. Secondly, I wanted understand learning facilitators' experience of the training they received

(if any) for this role. Thirdly, I aimed to discover how learning facilitators coped and managed with the demands of their roles as learning facilitators. Lastly, I wanted to determine learning facilitators' access to additional resources and support.

Based on the objective of understanding the general experiences of learning facilitators, this study revealed that each facilitator had their own individual experience. Some facilitators had more positive experiences that others, which was often due to better training, support structures and relationships formed in the mainstream environment. More specifically, a good relationship between the facilitator and the teacher was emphasised as essential to a more positive facilitation experience.

This research reveals that there is no specific training available for learning facilitators, nor are there specific requirements for a tertiary education or a background in education background to become a learning facilitator. However, training as important and they expressed that there is a lack of training and a need for training. Facilitator training should include extensive knowledge of ASD and other neurodevelopmental disorders, practical training for the classroom, training on how to navigate difficult situations that may present themselves in the classroom and tools that facilitators can use in socially challenging situations (e.g. social stories).

The demands placed on the facilitators depended on the needs of the child in their care. The way other people perceive the facilitator role further created expectations from the facilitators, often demanding more from them than they initially expected. Consequently, many facilitators did not feel that facilitation was what they initially expected. Furthermore, facilitators experienced many challenges in the mainstream school environment. For example, being able to identify triggers to anxiety and managing the behaviours associated with an accumulation of anxiety. The facilitators did not go into the detail of the coping

strategies they used. However, they did cope by means of crying, speaking to family members or professionals, and making use of support structures.

The support structures were not consistent for all facilitators. Most of the facilitators experienced a lack of support in their role. Facilitators reported a need for a more direct support in the school environment. Although facilitators managed to create their own support structures, but stated having more direct support readily available would have been ideal. However, when referring to good support structures, the facilitators who attended more regular training and had contact with other facilitators, generally felt more supported.

Through the use of the EST, key role players were identified as being part of the facilitation process and as having a direct impact on the learning facilitator role. The key role players include the child, the parents and the teachers. In order to create the most effective inclusive environment for the child, the parents, teachers and facilitators require an effective communication channel. From the information provided by that facilitators, communication was highlighted as an area that requires attention and improvement. This is true for all the systems within this context to create an organised environment for the best possible integration for the child.

It is evident that learning facilitators are paid by parents and not the school or the government. This has a great impact on students with ASD who need facilitators, but whose parents cannot afford facilitation. My suggestion for future research would be to consider less affluent communities where learning facilitation is not readily available to students with ASD to study their context, their needs and finding solutions to meeting their needs. Furthermore, it would be beneficial to research how many children with ASD are currently in mainstream schools without facilitators to determine whether and how they are coping. Additionally, as stated in this discussion, teachers and facilitators have to be better equipped in the area of inclusive education, what it entails, and their understanding of children with barriers to

learning (in this case ASD). Successful inclusion in South Africa is dependent on equipping the key role players involved and the willingness to work together to create the most conducive learning environment for the child with ASD in their class.

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APPENDICES

6.9. Appendix A – Diagnostic criteria of Autism Spectrum Disorder

Diagnostic criteria

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviours used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures: to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behaviour (see Table 2).

B. Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behaviour (see Table 2).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the

diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

Specify if;

With or without accompanying intellectual impairment

With or without accompanying language impairment

Associated with a known medical or genetic condition or environmental factor

(**Coding note**: Use additional code to identify the associated medical or genetic condition.)

Associated with another neurodevelopmental, mental, or behavioural disorder

(**Coding note**: Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioural disorder[s].)

With catatonia (refer to the criteria for catatonia associated with another mental disorder, pp. 119-120, for definition) (Coding note: Use additional code 293.89 [F06.1] catatonia associated with autism spectrum disorder to indicate the presence of the comorbid catatonia.)

TABLE 2 Severity levels for autism spectrum disorder

Severity level	Social communication	Restricted, repetitive behaviors
Level 3 "Requiring very substantial support"	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2 "Requiring substantial support"	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 "Requiring support"	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

6.10. Appendix B – letter to participants

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jou kennisvennoot • your knowledge partner

STELLENBOSCH UNIVERSITY INVITATION TO PARTICIPATE IN RESEARCH

Dear learning facilitator

You are invited to take part in a study conducted by Mignon Elliott, from the Psychology Department at Stellenbosch University. You were approached as a possible participant because you identified as having experience working as a learning facilitator for a child/ren presenting with a condition on the Autism Spectrum in a mainstream school, for a period of six months or longer.

The aim of this study is to explore learning facilitators' experience of working with children that have been diagnosed as having a condition on the Autism Spectrum in a mainstream school setting.

If you agree to take part in the study you will be asked to take part in a once-off interview that will last up to an hour. During the interview we will be discussing the following topics: the experience of interacting with the child/children in the working environment; the training that has been received for this role; how, as a learning facilitator, do you cope and manage the demands of the role; and what additional resources and support are accessible.

I believe this research is important and will create a platform for future research in the area of learning facilitation. Although there are no direct benefits of doing this research, all participants will be compensated for their travel costs as well as time and willingness to take part in the research.

Please note

Your confidentiality and anonymity are a priority. No personal naming information will be recorded in writing. Participant numbers will be used and confidentiality agreements will be ready for signing upon the interview date.

If you would like to take part in this research please contact Mignon Elliott

E-mail: 22462546@sun.ac.za

Cell: 0828793073

Look forward to hearing from you!

6.11. Appendix C – interview schedule

Semi-structured interview schedule

Introduction

Appropriate greeting (Hello, good morning/afternoon) with handshake. “Thank you for taking the time to take part in this research. To begin with I would like to collect some demographic information. Would it be alright if I proceed to turn the audio-recorder on?”

Demographic information

Age

Gender

Education level

If tertiary education, specify

Interview questions

When were you introduced to the term learning facilitator?

Describe some of your initial ideas of what you thought the job would entail.

What does the term learning facilitator mean to you now?

Why did you decide to become a learning facilitator?

Did you receive training to be a learning facilitator?

If answer is yes, elaborate on the training you received: what did they train you to do? How did the training help you in the mainstream classroom? Was the training sufficient? Is there anything specific you would have liked to learn more about? What role did the organisation you are associated with play in your training?

If answer is no, how has this affected your work as a learning facilitator? What kind of training would you have liked to receive? Do you feel you were prepared enough for the classroom? What information could have been included in training that you feel would be helpful to know before hand?

Please describe your experience as a learning facilitator.

What would you say is your main function/role as a learning facilitator?

What are some of your daily tasks?

Describe your relationship with the child you facilitate.

How do you interact in the classroom? What aspects of the child's life do you think influences your classroom interactions, if any?

Discuss some of the classroom dynamics that you are faced with

Are there challenging situations you need to deal with? Can you give some examples of these? Discuss some and your resolutions to them?

What kind of demands are placed on you as the facilitator?

How do you deal with the demands that are placed on you?

Are there any support structures in place for you personally?

If yes, discuss these support structures. Are they efficient in providing you with support? Do you feel you need additional support?

If no, discuss what kind of support you feel is necessary for a learning facilitator.

What kind of support structures would you like to have?

Are you familiar with the school policy on learning facilitation?

How does this influence your work? How does this influence your interaction with the child?

What do you understand about inclusive education?

How do you think inclusive education policy affects your role as a learning facilitator? How do you see the implementation of inclusive education polity?

Explain your relationship with the organisation you are associated with.

Explain your relationship with the school staff members.

How do these relationships influence your work?

Conclusion

Appropriate thank you and appreciation for participation. Voucher given to participant.

6.12. Appendix D – Participant consent form

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STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

Please read the information provided on this sheet carefully and feel free to ask any questions should anything be unclear.

You have been invited to take part in a study conducted by Mignon Elliott, from the Psychology department at Stellenbosch University. You were approached as a possible participant because you identified as having experience working as a learning facilitator for a child/ren diagnosed on the Autism Spectrum in a mainstream school, for a period of six months or longer.

Purpose of the research

Research title: "The experience of learning facilitators working in mainstream schools with children diagnosed with Autism Spectrum disorder.

The aim of this study is to explore learning facilitators' experience of working with children that have been diagnosed with Autism Spectrum disorder in a mainstream school setting.

What will be expected of you?

If you agree to take part in this study, you will be asked to take part in a once-off interview that may last up to an hour. During the interview I will ask you questions about: the experience of interacting with the child/children in the working environment; the training that has been received for this role; how, as a learning facilitator, do you cope and manage the demands of the role; and what additional resources and support are accessible. The interview will be done at Stellenbosch University of at the [redacted].

Possible benefits that may come from this study

There are no direct benefits of participating in this study. This study could however, be a building block to better understanding the field of learning facilitators as a career option. It may help understand the needs of learning facilitators and the training involved, which could later be beneficial to institutions needing learning facilitators, with regards to understanding and providing for their needs.

Possible risks

Taking part in an interview after hours may be an inconvenience. All participants will however receive compensation for any travel costs and their time. They will be given a small voucher for their participation. Some of the questions may raise sensitive content.

Protection of your information, confidentiality and identity

Any information that you share with in this study that could possibly identify you as a participant will be protected. Numbers will be used on all written documents and transcriptions in the place of the individuals name. The external interviewer, if applicable, will also sign a confidentiality agreement to not share any information to anyone other than myself and my supervisor. The external interviewer will be used only if I, the researcher, have had personal contact with you, the participant, prior to the study. I will be the only one transcribing the recordings. Only myself and my supervisor will have access to the transcriptions. If any of the research is published, the information will remain confidential and anonymous. The transcribed data will be kept securely and stored for possible future research.

Protection of your information, confidentiality and identity

Your participation in this study is entirely voluntary. You are not forced to take part in this study. You may leave at any time during the study. There are no consequences should you choose to leave the study at any time. in the event that you choose to leave the study prior to analysis, the data will be discarded. It may, however, be difficult to discard data once it has been analysed as the data will be anonymised. Should you feel uncomfortable with some of the

content you may choose to not answer any given question. There will be no consequences should you choose not to answer a question. Your name will not be noted on any written material throughout this study.

Rights of research participants

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

DECLARATION OF CONSENT BY THE PARTICIPANT

As the participant I confirm that:

- I have read the above information and it is written in a language that I am comfortable with.
- I have had a chance to ask questions and all my questions have been answered.
- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I _____ *(name of participant)* agree to take part in this research study, as conducted by *Mignon Elliott*

_____ _____

Signature of participant **Date**

DECLARATION OF PRINCIPAL INVESTIGATOR

As the **principal investigator,** I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition, I would like to select the following option:

	The conversation with the participant was conducted in a language in which the participant is fluent.
	The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent.

_____ _____

Signature of principal investigator **Date**

6.13. Appendix E – Ethics approval letter

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NOTICE OF APPROVAL

REC: Social, Behavioural and Education Research (SBER) - Initial Application Form

24 June 2019

Project number: 9547

Project Title: The experiences of learning facilitators trained at a facility in the Western Cape working with children on the Autism spectrum in mainstream schools

Dear Ms Mignon Elliott

Your response to stipulations submitted on 12 June 2019 was reviewed and approved by the REC: Humanities.

Please note the following for your approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
9 May 2019	8 May 2022

GENERAL COMMENTS:

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.

Please use your SU project number (9547) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

Included Documents:

Document Type	File Name	Date	Version
Informed Consent Form	Appendix D - Informed consent	05/11/2018	Informed consent
Data collection tool	Appendix C - Interview schedule	21/03/2019	Interview
Default	Appendix E - Interviewer confidentiality	21/03/2019	Confidentiality
Recruitment material	Appendix B - Invitation to participate	31/03/2019	Invitation
Research Protocol/Proposal	ELLIOTT proposal FINAL	31/03/2019	Proposal final
Default	BJ Coetzee_CV 2019	01/04/2019	Bronwyne CV
Co-investigator CV	Ben CV summary	03/04/2019	Ben CV
Request for permission	[redacted]	04/05/2019	1
Default	Response to REC Stipulations	12/05/2019	1
Budget	Budget	13/05/2019	3

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.
The Research Ethics Committee: Humanities complies with the SA National Health Act No.61 2003 as it pertains to health research. In addition, this committee abides by the ethical norms and principles for research established by the Declaration of Helsinki (2013) and the Department of Health Guidelines for Ethical Research: Principles Structures and Processes (2nd Ed.) 2015. Annually a number of projects may be selected randomly for an external audit.

6.14. Appendix F – Ethics first amendment approval

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NOTICE OF APPROVAL

REC: SBER - Amendment Form

25 June 2019

Project number: 9547

Project Title: The experiences of learning facilitators trained at a facility in the Western Cape working with children on the Autism spectrum in mainstream schools

Dear Ms Mignon Elliott

Your REC: SBER - Amendment Form submitted on 24 June 2019 was reviewed and approved by the REC: Humanities.

Please note the following for your approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
9 May 2019	8 May 2022

GENERAL COMMENTS:

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.

Please use your SU project number (9547) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

Included Documents:

Document Type	File Name	Date	Version
Research Protocol/Proposal	ELLIOTT proposal FINAL AMENDMENT in red	10/06/2019	1
Request for permission	[redacted] Permissions revised	10/06/2019	1
Default	[redacted] Permissions amendment	10/06/2019	1

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.
The Research Ethics Committee: Humanities complies with the SA National Health Act No.61 2003 as it pertains to health research. In addition, this committee abides by the ethical norms and principles for research established by the Declaration of Helsinki (2013) and the Department of Health Guidelines for Ethical Research: Principles Structures and Processes (2nd Ed.) 2015. Annually a number of projects may be selected randomly for an external audit.

6.15. Appendix G – Ethics second amendment approval

UNIVERSITEIT
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NOTICE OF APPROVAL

REC: SBER - Amendment Form

22 October 2019

Project number: 9547

Project Title: The experiences of learning facilitators trained at a facility in the Western Cape working with children on the Autism spectrum in mainstream schools

Amended Project Title: The experiences of learning facilitators in the Western Cape working with children on the Autism spectrum in mainstream schools

Dear Ms Mignon Elliott

Your REC: SBER - Amendment Form submitted on 14 October 2019 was reviewed and approved by the REC: Humanities.

Please note the following for your approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
9 May 2019	8 May 2022

GENERAL COMMENTS:

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: Humanities, the researcher must notify the REC of these changes.

Please use your SU project number (9547) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

FOR CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

Please note that a progress report should be submitted to the Research Ethics Committee: Humanities before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary)

Included Documents:

Document Type	File Name	Date	Version
Proof of permission	[redacted] Permission	12/09/2019	1
Data collection tool	Appendix B Revised	13/09/2019	1
Research Protocol/Proposal	ELLIOTT proposal FINAL AMENDMENT 3	14/10/2019	3
Request for permission	Permission from research sites [redacted]	14/10/2019	2
Default	Appendix D - Informed consent	14/10/2019	2
Data collection tool	Appendix C - Interview schedule amendment	14/10/2019	2
Data collection tool	[redacted] contact details permission	14/10/2019	1
Data collection tool	[redacted] contact details permission	14/10/2019	1
Data collection tool	[redacted] contact details permission	14/10/2019	1

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Human Research (Humanities)

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.
The Research Ethics Committee: Humanities complies with the SA National Health Act No.61 2003 as it pertains to health research. In addition, this committee abides by the ethical norms and principles for research established by the Declaration of Helsinki (2013) and the Department of Health Guidelines for Ethical Research: Principles Structures and Processes (2nd Ed.) 2015. Annually a number of projects may be selected randomly for an external audit.